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ORIGINAL ARTICLES.

MEDICAL ETHICS.

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IN A general consideration of the subject of ethics, we have primarily to deal with "the science which treats of morality; that which relates to human actions, their motives and tendencies." The study, upon reflection, pertains more nearly to motives than to the results actuated by them. "Out of the fullness of the heart the mouth speaketh." Out of unworthy motives spring the numberless ethical transgressions. A physician's conception of duty to his clientage, his fellows and his profession is very liable to be warped by his motives of life. The character of that interpretation which he puts upon ethical lore, is predetermined by his own subjective promptings. A medical man who is mean at heart, who has a distorted idea of *mine* and *thine*, whose sense of honor is eclipsed by love of self, will not, nay, in the nature of things, can not comprehend to the largest extent the importance of an observance of the principles underlying the science of ethics. Such an one will only succeed in this study, by eradicating the weeds of selfishness and vice from the domain of his inner self and become imbued with worthy motives.

To discuss this topic thoroughly and those that are directly related to it, would require more time than could by any means be allotted to me. Had I the eloquence of a Phillipps or a Burke much time would be required to place this subject correctly and appropriately before you. It would be a work of supererogation to present in full, or even to any great extent, any of the comprehensive articles upon ethics, medical or otherwise, that lie strewn in the wake of the ethical student, the philanthropist and the reformer. To be able to present attractively and at the same time impressively all of the essential features of the ethical science—for it is a science—would necessitate, in the writer, the possession of the memory of a Macaulay, the philosophy of a Spencer, the culture of a Ruskin, the characteristic force of a Carlyle, the profound sense of an Emerson re-inforced by the pen of a Milton.

The term, medical ethics, in restricting the application of a study of this subject, to a comparatively few individuals, increases its importance and extent. A medicinal substance finely comminuted is of a more ready application, and produces more decided results than when otherwise employed. The more direct the application of a code of laws, morals or ethics can be made the more decided will be the probable results. But at the same time, a comprehensive acquaintance with the fundamental principles of ethics is an all important adjunct to a satisfactory understanding of the specific branch under consideration at this time. The medical specialist can only hope to gain proficiency in his art through a comprehensive knowledge of general medicine. The superadded specialty which demands increased effort in the acquirement, brings a correspondingly enlarged sphere of usefulness, and a proportionate growth of individual responsibility. A proper consideration of the subject of medical ethics, demonstrates the force and truthfulness of the principle, *noblesse oblige*. It will convince the most superficial mind that the noblest, most useful and most philanthropic of all professions which have had their origin in some special need of man, must entail particular and manifold obligations upon its representations.

For our special consideration at this time, we will make the following definition and divisions of our subject as an ethical study. It is a science pertaining to or founded upon the practices of medical men, with reference to right or wrong in their intercourse with others.

The scope of the code of medical ethics of the American Medical Association and the American Institute of Homœopathy comprises the "reciprocal duties and obligations of physicians and patients; the duties and obligations of physicians to each other; and the reciprocal duties and obligations of physicians and the public."

The usefulness of a special code has been questioned, and these inquiries have been raised:

1st. Whether a man of character, judgment, refinement, medical and general culture, would lead a more blameless life because of the code?

2d. Whether a person lacking in some of these personal qualifications or acquirements, would be a better, more conscientious, or duty-loving per-

son, even though the code of medical ethics be written in letters of living light by angelic hands or by Omnipotence itself?

It may be said in answering these queries, that as water seeks its level and will not rise higher than its source, so will the code and its influence sink to the level of the character of the individual, never to rise higher than the motives that actuate him. A gentleman may be said to exist as such in the heart, if lacking an existence there, no amount of etiquette can compensate for the non-development. It is true, an explicit code of ethics may, by an emphatic enunciation of *thou shalt* and *thou shalt not* (which is essentially necessary to some minds during the formative period), act as a temporary guide, until such time as they are capable of self-government.

The rules of action contained in the code are necessarily limited, but they shadow forth deep and vital principles, that exist ineradicably in the mind of that doctor who is actuated by motives of charity, brotherly love and self-respect. As one can not be made thoroughly good by "Act of Congress," nor be enabled to lead a pure and blameless life, by his ability to repeat the Lord's Prayer, nor be a consistent fellow-citizen by a simple knowledge of the decade enunciated from Mount Sinai, so the code can not make a physician, morally, socially, nor professionally, any better than the sum total of the qualities which distinguishes him from his confreres will permit. The code may be said to be a compass which is to guide a man's professional bark through the shallows of ignorance over the rough seas of opposition and intolerance, around the rocks and shoals of cupidity and sefishness, to the haven of professional safety and success.

The fundamental principles upon which medical ethics are based, are these:

1st. The great end and object of the physician's efforts should be, "the greatest good to the patient."

2d. The rule of conduct of physician and patient, and of physicians toward each other, should be the *Golden Rule:* "All things, therefore, whatsoever ye would that men should do unto you, even so do ye also unto them."

The various articles of the code are only special applications of these great principles.

One great principle which we, ethically speaking, have to encounter at the out-set is, that as medical men are in constant relations with an Over-ruling Power, it behooves them, consequently to inform themselves well, as to the science or system of rules that undertakes to decide in matters of conscience as to what is lawful or unlawful. The more important the station in life and the more thickly it is beset with responsibilities, then there is the most imperative demand for a comprehensive knowledge of casuistry. The whole system of medical ethics depends solely upon this branch of moral philosophy as a fundamental doctrine. As there can be no universally specific remedies in the treatment of a given disease, so there can be no special code of ethics that is flexible enough to reach all possible ramifications and contingencies. Consequently the only guide that we can safely accept is conscience.

From an ethical point of view we occupy the dual position of individual citizens and representatives of that profession which is paramount to all others in importance. Our relations with our fellow men, in this bifold capacity, necessitates a studious avoidance of whatever has a tendency to lower the estimation in which our fraternity is held. We must here cease to depend upon formulated rules of conduct. We must conform our actions, *not* to what seems purely expedient at the moment, *not* to what promises solely the richest pecuniary reward, *not* to what seems to be the least fatiguing cause. But let all of our relations with the world be in thorough conformity with the great unwritten code of ethics, emanating from a positive knowledge of, and rigid disposition to do, the right thing.

We, as physicians. may consider ourselves members of the dynasty of medicine, a long line reaching back to the earliest dawn of civilization. By right of inheritance we have received from our predecessors that truth and experience which has survived the fiery crucible of time. By virtue of that same right we reject as dross, the unprofessional and wrong. Thus by accretion and resection, has the professon been rounded out into a symmetrical whole, which challenges the admiration, respect and confidence of countless multitudes. By the process of evolution we have sprung from the crude and mystical practice of our rudimentary fratres, the Chaldean Magi of six thousand years ago. We find, by the way, that the profession has suffered from little sarcastic flings and slights from the earliest medical institutions down to the present day. We are told in the biblical chronicles that one Asa, who was sick, "sought *not* the Lord but the physicians;" and in the next paragraph the writer sums up the result by saying, "and Asa slept with his fathers." Upwards of sixty centuries ago, the services of these ancient Chaldean physicians were often supplanted by the gratuitous prescriptions and advice from the more ignorant throng

of callers, that like to-day, swarm around the sick bed. In the possession of non-professional medical dabblers and old ladies of both sexes they were no worse off than are we, at the close of the enlightened nineteenth century. Despite the little flings and petty persecutions which are occasionally sprinkled upon the noble army of doctors, we have a warm place in the public heart. Let us, by increased intellectual attainments, perfected professional acquirements, universal culture, Christian-like charity, broad liberality and good fellowship, endeavor to render our position in the ever-changing world around us, as firm as the everlasting hills. These and kindred thoughts should constitute a larger amount of the pabulum from which ethical knowledge of the physician and his profession are evolved.

There are certain duties that we, as rational beings as well as physicians, owe to ourselves. Certain moral obligations, that relate to our daily actions, their motives and tendencies. The principles that underlie this branch of our subject are founded deep in our hearts. They imply a well developed self-knowledge. The noblest study of mankind is man, but the one most neglected is a comprehensive study of self. The most difficult, most important, and at the same time most underestimated, branch of this science is that of self. Among the special topics growing out of this thought are self-culture, self-help, self-restraint, self-esteem, self-reliance, self-condemnation, self-love, self-respect, self-appreciation, and selfishness most object, are to be mentioned as all-important topics for our individual consideration. A three-fold character is evinced by a study of self from different stand-points. The *real* self presents no wider variation from the estimate which we hold of ourselves, than it does from the estimation in which we are held by others. The harmoniousness resulting from a consistent and successful endeavor to closely approximate these several standpoints to a common, real and correct one, will do more to guide the physician in his daily walk and life, than an infinitely long-drawn-out-code-of-ethics can.

The duty imposed upon the physician by the nature of the relations existing between him and his family, or those that live under his protecting influence, should become an important factor in deciding his motives and actions. His professional zeal and lack of business training should not cause him for a moment to forget the pecuniary element of his vocation. The one will not pay the tradesman, nor will the other excuse the non-payment of rent. The good physician has from time immemorial, proverbially been an inefficient buisness man. However needless or true this may have been, is now, or shall be in the future, he certainly sustains great pecuniary loss at the hands of those who take advantage of his professional skill and that kindness of heart which is so essentially necessary to success in a constant association with the sick, sorrowing and suffering ones. A most superficial study of economics and political economy reveals to us the greatest necessity for a most emphatic consideration of dollars and cents. The laborer is indeed worthy of his hire. If we bring good work and effective to the bedside, we may justly, nay, we must necessarily, claim a proper compensation therefore. At the same time, in selling so much medical skill for so much money, we must consider that we do not become transformed into a mere trade, with the Hebrew motto, "give as little and get as much for a dollar as you can." Nor can we consistently adopt the multifarious and often questionable practices of the average tradesman. A profession is superior to a trade only in the amount of intellectuality necessary to its acquirment, advancement and successful practice.

Over one-half of the physician's working life is passed amidst the sick, suffering, dying and convalescing of our race. In hourly contact with disease existing in the palace and in the hovel, in the midst of affluence and starvation, surrounded by purple and rags, how shall the doctor determine the motives which are to govern his actions? How shall he gain the esteem and confidence of the army of invalids and their hypercritical friends and attendants? How can he cure his patient the safest, easiest and most economically? How can he leave that lasting impression upon the minds of his patients, which is the common experience of all who have come into immediate contact with a superior, cultured, philanthropic or enthusiastic mind? How can he leave the world a little better for his having lived? How can he transmit the profession which he has inherited from the long line of medical ancestry, in a more perfected and scientific form, to posterity? How can you "so live, that when thy summons comes, to join

> "The innumerable caravan, which moves
> To that mysterious realm, where each shall take
> His chamber in the silent halls of death,
> Thou go not, like the quarry-slave, at night,
> Scourged to his dungeon, but, sustained and soothed
> By an unfaltering trust, approach the grove,
> Like one who wraps the drapery of his couch
> About him, and lies down to pleasant dreams?"

How can you, at the awakening of that last long sleep, gain the greeting of "Well done thou

good and faithful servant enter thou into the joys of thy Lord?" By looking as closely to motives as to actions. Motives, the lever which controls the world of action, are of paramount importance. We must conform in all things to the ideal physician, of whom a vivid picture should be deeply engraven on the tablet of our memory. By a constant recollection and profound appreciation of the fundamental truths which are to be found underlying all codes of ethics. Ever bearing in mind that the honorable progress of the noblest profession, the art of healing constantly depends in its representatives of the present hour. When these principles are indellibly written on our minds, and our nature is thoroughly imbued with them, when our motives arise in harmonious accord, then and there, only will our actions be such as can be faintly shadowed forth in the most elaborate treatise upon ethics.

We have already said that the physician's duty to his patient lies in a safe, speedy and satisfactory cure of his ailments. The active and well established physician is far too apt to load himself up with such a multitude of cases, that he is consequently unable to give to each just the amount of requisite care, thus preventing the patient from receiving the appropriate medical attendance. In avoiding this plethoric condition of the daily visiting list, it becomes necessary to eliminate more or less of the superabundant business. In this connection arises the question as to how far the medical man is legally required to respond to the calls upon his time and professional skill. There are no statutes in the United States that can compel a physician to perform or undertake to do more than he contracts to do in accepting a call. He can under no circumstances be held legally responsible for refusing to respond to a sick call. There may be a moral obligation in some instances, and popular opinion may hold a man derelict in his duty, who refuses to respond to the beck of suffering humanity, but he incurs no more danger of legal displeasure than does his non-professional brother who withholds his hand from the distressed. He does, however, incur great risk in overburdening himself with responsibilities which are beyond his ability to perform in the brief time allotted to any one out of the large aggregation of cases.

A physician's time, professional acquirments, reputation and patients are his capital stock. They are, so far as the medical fraternity are concerned, his own individual property. Coming under this category, they are or should be under the jealous eye with which the law is supposed to look after other forms of wealth. Taking the ground that a man's individual possessions are sacred to his own use, the branch of medical ethics pertaining to the mutual relations of the fraternity, is narrowed down to a comparatively small limit. Three acquirements of the decalogue and the eleventh commandment, are the solid rock upon which we must support our ethical structure. By avoiding covetousness, by bearing not false-witness, by stealing not and by observing the Golden Rule our relations with our fellows, may be all that the high and noble character of profession demands. The ways in which these commands are daily transgressed in our profession, is a matter of discouragement to all who desire that tranquility which comes of a close observance of duty. Addison relates a story of an early edition of the English translation of the Bible, in which the compositor, designedly or otherwise, omitted the word *not* from the seventh decalogue. The mistake was soon discovered, and the incorrect copies were, it was supposed, recalled. The narrator then naively says, "that judging from the conduct of the people at this time the incorrect copies must have received a very wide circulation, extensive reading and an implicit following." The conduct of some physicians of the present day, seems to imply a mental astigmatism, which obscures that same word *not* in its relations to the established code of ethics. This fact when considered in connection with the objective symptoms of moral obliquity, a disease by no means infrequent among medical men, will occasion the complete disregard for that higher law contained in the unwritten code of general and medical ethics. Within the pale of our profession, the peculiarly insidious and subtile manner in which disagreeable impressions are conveyed to the public by our intra-mural friends, or rather contemporaries, is a matter of constant surprise to the other learned professions. Nothing of the kind is experienced there. The shrugging shoulder, the supercilliary elevation, the artfully concealed sarcasm, the depreciatory manner, the belittling tone, the mildly suggestive insinuations, the emphasized I and the obscured you, when referring to a professional brother, are nowhere seen as clearly defined as in our noble profession. There are many of such ilk among us. They act depressingly upon the whole profession. Such unprincipled physicians have natural piratical tendencies. They evince a kindred spirit with the pick-pocket and sneak-thief, who appropriate our property silently but just as effectively as their bolder members of the craft. The early German barons, by their daring, their impregnable castle cities and their bold unscrupulousness, succeeded

in becoming a power in their localities, but at the same time they were ethically considered mere robbers. We find in nearly every considerable community these wholesale depredators, working under the guise of successful practitioners. They are the medical barons of the land, barren of integrity, barren of honor and barren of medical uprightness, who would act as full destroyers of professional honor and integrity. The benefit to the despoiler is small, when compared with injury done to his associates. "He who steals my purse steals trash, but he who filches my good name, takes that which does him no good, but leaves me poor indeed." The public are ever ready to receive and communicate even a hint of some professional defect or remissness. A closer consideration of this subject will convince us that the mind of the average person possesses the property of enlarging to an almost indefinite extent the innuendos and insinuations which are dropped into his ear, as if it were upon a microscopic slide under a high magnifying power. With such admirable facilities for sowing the seeds of discord and such fertile soil, what wonder that there are so many bitter feuds among the representatives of this most useful and the grandest of earthly professions.

It is with difficulty that we can dissociate the profession of medicine from its votaries. The status is determined, its advancement is hastened, and its retrogression is permitted by the conduct of its votaries. A dwarfed, distorted or indistinct conception of the fundamental principles of ethics, as they appertain to medicine, will be certain to produce manifold transgressions in all essential particulars. The consequent lowering if the moral tone of that small minority of direlicts is distinctly felt by the whole fraternity. Its effects reach out to the uttermost bounds of civilization. The many amusing gibes, the anecdotal attacks and the too often low estimation in which we as a profession are held, evince the truth of this.

May we ever conform our thoughts, motives and actions to the great unwritten code-of-ethics. May that conscience that sets in judgment over every action award our lives according to our deserts, and may that desert be well-merited and unstinted praise.

Chronic Enlargement of the Tonsils.—In cases of this affection, Dr. Beresford says that by the use of a strong solution of tannic acid injected two or three times a week, with the daily use of a gargle of the same, the knife never need be resorted to. He makes an application of muriate of cocaine before inserting the needle, and uses the injection every three days.

WHAT SHALL WE DO TO BE SAVED?

By F. E. Stewart, M. D., Ph. G.

I HAVE just received by mail a circular from the Rumford Chemical Works, Providence, R. I., signed N. D. Arnold, Treasurer, entitled "Caution to Physicians who Prescribe Acid Phosphate," which, for assurance, goes ahead of anything I have seen for some time. It is bad enough for the medical profession to be swallowed alive by the proprietary medicine business, without asking it to assist in the operation. Seems to me it is about time for the profession to attempt, at least, to free itself from this boa constrictor. Is there no one to sound the note of alarm? Is there no way in which we can be saved from these slimy folds that are crushing the life out of scientific medicine?

This circular to which I refer, reads as follows:

"There are several spurious preparations in the market put out by unscrupulous manufacturers as substitutes for the genuine Horsford's Acid Phosphate. They are offered to the druggist as 'the same thing as Horsford's,' to be used when Horsford's is prescribed, etc., being sold at a low price, as an inducement for their purchase.

"We have examined all these spurious preparations, and not one is the same as Horsford's, but all differ materially from our preparation, and some are positively dangerous compounds to use for the purpose intended.

"One preparation that is persistently urged upon the trade contains free *sulphuric* acid and the *sulphates* of magnesia, aluminium, iron, etc., *with no phosphates whatever.* The genuine Horsford's contains *no free sulphuric acid, no sulphates, but does contain the phosphates.*

"The substitution of such a preparation for 'Horsford's' will not produce the results anticipated by the physician.

"Be sure to write the word 'Horsford's' on your prescriptions."

"The Constitution of the United States gives Congress the power to promote the progress of science and the useful arts, by securing, for limited times, to authors and inventors the exclusive right to their respective writings and discoveries; thus showing in this fundamental legislation that the object sought is a benefit accruing to the public."*

"A patent is a contract between the inventor and the Government representing the public at large.† The consideration moving from the in-

* Day *vs.* Union Rubber Co., 3 Blatch., 500; Kendall *vs.* Winsor, 21 Howard, 327.

† Ransom *vs.* N. Y., 1 Fishers Pat. Cases, 255.

ventor is a production of a new and useful thing, and the giving to the public of a full knowledge thereof by means of a proper application for a patent, whereby the public is enabled to practice the invention when the patent expires. The consideration moving from the Government is the grant of an exclusive right for a limited time, and this grant the Government protects and enforces through its Courts."

The policy of the patent law represented in these two clauses, in my opinion, the profession are inclined to indorse. What it is opposed to, is unlimited monopoly and misrepresentation.

Now, if I am correctly informed, it would seem to me that the Rumford Chemical Works are attempting to perpetuate a monopoly by means of misrepresentation. My reasons for this are as follows:

Horsford's Acid Phosphate was patented March 10, 1868, by Prof. Eben Horsford. The patent is numbered 75,272. This patent has expired. Anybody can now make and sell the preparation as Horsford's Acid Phosphate.

"The patent on complainant's proposition having expired, anybody can make and sell it as Horsford's Acid Phosphate."*

"The patent having expired, anybody may sell the article under the name by which it has become known."†

This circular is evidently intended to give the impression that the Rumford Chemical Works are the sole manufacturers of the genuine Horsford's Acid Phosphate, and that all others are spurious preparations. It also evidently intends to create the impression that by writing the word Horsford's on our prescriptions we are sure of getting the genuine article made only by the Rumford Chemical Works.

How can this caution be necessary when anybody has a right to manufacture and sell the article and call it Horsford's Acid Phosphate? The formula is published by "a proper application for a patent," whereby the public may manufacture the article when the patent expires? Are all the manufacturing houses in America dishonest except the Rumford Chemical Works, that they are marketing spurious preparations as substitutes for the genuine Horsford's Acid Phosphate? "They are offered to the druggists as the same thing as Horsford's, to be used when Horsford's is prescribed." As the other manufacturing houses have a right to make and sell the genuine article, why should they sell spurious preparations? According to the circular, these spurious preparations are "sold at a low price as an inducement for their purchase." Is it not probable that the monopoly having expired, competition has reduced the price, as is usually the case? and the trade of the Rumford Chemical Works being injured thereby, it is making this loud complaint.

Prof. Horsford states: "My invention consists in the use of acid phosphate of lime, magnesia, or alkali, as a condiment, in liquid form, either by itself or as a substitute for vinegar, or an ingredient in a beverage or sauce, or for other culinary or sanitary purposes, where it is desirable to employ an acid in liquid form."

"The importance of phophates to the animal economy to be supplied through the food, has long been recognized. I have found the advantage to the health of using the liquid monobasic acid phosphate, when employed in aid of digestion and assimilation, to be of the most marked character. Dyspepsia of certain forms is relieved by taking with the meals a teaspoonful of the liquid acid phosphate, of specific gravity 1.17, in a glass of water."

"The acid phosphate I employ is generally a compound of one atom of lime with one atom of phosphoric acid, and is prepared as follows:"

"The acid phosphate of lime may be substantially replaced by the corresponding compounds of magnesia and potassa or soda, produced by the usual well-known chemical methods."

"The manufacture of liquid acid phosphate of lime for use as a condiment or article of diet, or ingredient to be employed in beverages or food, substantially as and for the purposes herein set forth."

It would seem from the above that Horsford's Acid Phosphate is a very simple preparation costing but little to make, and that the high price at which it has been held by the said Chemical Works was made possible on account of monopoly. The monopoly having expired the price has come down.

Now, this is the beauty of the patent law. It protects the inventor in the exclusive use of his invention, and enables him to ask a fancy price for it until he gets rich, but it limits the monopoly, and the invention finally being thrown open to competition the price comes down in consequence.

But it may be claimed by the Rumford Chemical Works that, although the formula was published as required by the patent law, special skill not ordinarily possessed is required to manufacture the genuine Horsford's Acid Phosphate.

* Rumford Chemical Works *vs.* George L. Muth *et al.*

† Singer M'f'g Co. *vs.* Stanage, 6 Fed. Rep., 279; Singer M'f'g Co. *vs.* Larsen, 8 Biss., 151; Sewing Machine Co. *vs.* Frame, 21 Blatch, 431; Leclanche Bat. Co. *vs.* West Elec. Co., 23 Fed. R., 276.

"The law, however, requires that a specification shall describe the invention which forms its subject-matter in such full, clear, concise, and exact terms, as to enable any person skilled in the art or science to which it appertains, or with which it is most nearly connected, to make, construct, compound, and use the same;* * * * and, while the courts are bound to construe a patent liberally, they will not permit a patentee to couch his specification in such ambiguous terms that it can not be worked by, or so that its claims may be expanded or contracted to suit different exigences."†

"It will be observed that the requirements of the statute, in this respect, are two-fold: First, that the invention shall be fairly and clearly described; and, second, that it shall be accurately claimed. The object of the first requirement is, that the public may be enabled to practice the invention when the patent has expired."‡

"A patent is in the nature of a bargain between the inventor and the public. The public requires, as a consideration for its grant of an exclusive right to the inventor, that he shall fully disclose his invention to the public, so that the public may freely use it when the patentee's exclusive right is at an end."§

Now it is to be supposed the Rumford Chemical Works is composed of honorable gentlemen, and that the formula given in the specification is couched in such clear and precise language that any druggist can manufacture Horsford's Acid Phosphate now that the patent has expired.

Why, then, does this Chemical Company say in this circular, "be sure to write the word Horsford's on your prescription." The reason is not hard to guess. In the brief for the defendants in the case of the Rumford Chemical Works *vs.* Geo. L. D. Muth *et al*, United States District Circuit Court, for the District of Maryland, a suit for alleged infringement of a trade-mark—complainant claims that in 1868, it began the manufacture of a medicinal preparation to which it first gave the name "Horsford's Acid Phosphate," that its said preparation has become known by the words "Acid Phosphate;" that these words have become its trade-mark, indicating solely that the article so designated is made by complainant; that on October 13th, 1885, it registered these words in the U. S. Patent Office as a trade-mark, and that defendants have infringed said trade-mark by selling Liquid Acid Phosphate.

The patent having expired the Rumford Chemical Works now attempted to perpetuate the monopoly by claiming the proper name of the article as its trade-mark, thus defeating the wise and beneficial intent of the patent law.

The defences to this claim put forth by the defendants are:

1. Acid phosphate is a known generic name, and was so long before the complainant adopted it.

2. If complainants' medicine contains one or more acid phosphates the term is descriptive.

3. If complainants' medicine does not contain an acid phosphate its use of the term is misleading.

4. Complainant has admitted that acid phosphate is the name of a medicinal preparation, and that its trade-mark for the preparation is Horsford's.

5. The patent on complainants' preparation having expired, anybody can make and sell it as Horsford's Acid Phosphate.

Without going into the question in detail in relation to the other points in the defence, let us consider for a moment this misuse of the trade-mark by which the said Chemical Company are attempting to perpetuate a monopoly in defiance of law.

"No one can claim protection for the exclusive use of a trade-mark or trade name which would practically give him the monopoly in the sale of any goods other than those produced or made by himself. If he could, the public would be injured rather than protected, for competition would be destroyed. Nor can a generic name, or a name merely descriptive of an article of trade, of its qualities, ingredients or characteristics, be employed as a trade-mark, and the exclusive use of it be entitled to protection."*

"When an article is made that was heretofore unknown, it must be christened with a name by which it can be recognized and dealt in; and the name thus given it becomes public property, and all who deal in the article have a right to designate it by the name by which alone it is recognisable.†

"A word which is the name of an article, or indicates its quality, can not be so appropriated. Every one has the right to manufacture the same article, and to call it by its name or descriptive character."‡

Very similar in principle are such names as the following, which have been declared descriptive

* Parker *vs.* Sears, 1 Fisher's Pat. Cases, 93.
† Simond's Manual of the Patent Law, 110.
‡ Parker *vs.* Stiles, S. McLean, 44.
§ Simond's Manual of the Patent Law, 111.

* Canal Co. *vs.* Clark, 13 Wall, 323.
† Leclanche Battery Co. *vs.* Western Electric Co., Fed. Rep., 277.
‡ Phalon *vs.* Wright, Am. Tr. Cas., 308.

by the Courts: "Ferro-phosphated Elixir of Calisaya Bark," "Parrafin Oil," "Liebig's Extract of Meat," "Dessicated Codfish," "Night Blooming Cereus."

There is another case in point. "The case of *Singleton vs. Bolton* (2 Doug., 193), before Lord Mansfield, in 1873, is an illustration of the doctrine that a man's name may become a mere qualifying word. The plaintiff's father sold a medicine called "*Dr. Johnson's Yellow Ointment.*" The plaintiff, after his father's death, continued to sell the medicine, marked in the same way. The defendant also sold the medicine, with the same mark; and for that alleged injury an action was brought. The plaintiff was nonsuited.*

"We have familiar instances of a person's name becoming a mere indication of a certain article or class of goods. Wellington, Brougham, Stanhope, Blücher and Manton are personal names that have given us the Wellington boots, the Brougham or the Stanhope carriage, the Blücher boots, and the Manton fowling piece."†

Of course it is possible to use a personal name as a trade-mark, but in these cases, and the case of Horsford's Acid Phosphate under consideration, the personal names indicate, describe, and have become the proper names of the things themselves, and part of the common language. They are not, therefore, under the circumstances, trademarks. In the case of R. C. Works *vs.* Muth, the complainant admits, in fact, the correctness of my argument, by claiming that in 1868 it began the manufacture of a medicinal preparation to which it first gave the name "Horsford's Acid Phosphate," thus showing that the very intent of the manufacturer was to teach the public that the name of this particular acid phosphate is Horsford's Acid Phosphate.

"And Prof. Remsen admits that the reasonable meaning of the words 'Horsford's Acid Phosphate,' is the particular kind of acid phosphate prepared by Mr. Horsford (X. Q. 11)."

"It follows, therefore, that if Horsford's Acid Phosphate is chiefly an acid phosphate, or contains one or more acid phosphates, the name is descriptive, and if it is not a phosphate, or does not contain one or more phosphates, complainant's use of the term acid phosphate is one which expresses a falsehood."‡

"It is either deceptive or descriptive, and in either case can not be a lawful trade-mark."§

* Brown on Trademarks, 122.

† Ibid.

‡ Rum. Chem. Works *vs.* Muth *et al.* 6.

§ Phalon *vs.* Wright, Am. Tr. Cas., 307; Burton *vs.* Stratton, 12 Fed. Rep., 696.

Horsford's Acid Phosphate is the name of the compound sold by the Rumford Chemical Works. The patent has expired and anybody has a right to make and sell it with the representation that it is Horsford's Acid Phosphate, for "equity will not enjoin against telling the truth."*

If the public have a perfect right to make and sell this article, and call it Horsford's Acid Phosphate, it follows that the Rumford Chemical Works is attempting to usurp public rights. It had the assurance to appeal to the public courts to sustain it in this action, and the case was promptly dismissed. It now appeals to the court of the medical profession by its circular. Will the profession sustain such a high-handed outrage of the public rights and tamely sit down while this company is riding rough shod over the public? The medical profession is under the most solemn obligations to defend the public in matters medical. Instead of observing its high calling, it allows itself to become the passive tool of the proprietary medicine business. It holds up its hands in holy horror against the scientific system of the patent law with its publication of formulas and limited monopolies, and swallows without making a face the unscientific, unethical and illegal system of the proprietary medicine trade with its unlimited monopolies, misrepresentations, usurpations, and often downright fraud. Is it not about time for the profession to arise in its might and throw off this incubus?

OBSERVATIONS ON RAILWAY INJURIES.

By EGBERT GUERNSEY RANKIN, A. M., M. D.
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PART IV.

V.

THE SYMPTOMS ATTRIBUTED TO CONCUSSION OF THE SPINAL CORD. PROGNOSIS—CONCLUSION.

THE prognosis of injuries which find their way into courts of law obviously have a peculiarly practical bearing, and where the defendant is a large and wealthy corporation this fact is especially emphasized. In those obscure injuries to the back, which until the past few years have been indiscriminately classified as "concussion of the spine," what are the probabilities of recovery? To what extent is the patient's usefulness in life or his ability to gain a livelihood impaired? These are questions which a close and impartial study of each case alone will decide.

The prognosis of these injuries will of course be determined by the nature of the lesion, if any,

* Canal Co. *vs.* Clark, 13 Wall, 327.

whether it is one of the conditions which have been mentioned, or whether there has been a true concussion of the spinal cord. To differentiate between these conditions is out of the scope of this paper. In his article on this subject in "Pepper's Encyclopedia,"* Dr. William Hunt writes: "The prognosis of concussion of the spine is generally favorable. The recovery is slow in pronounced cases. Where such terrible consequences follow, as are described in some cases which have been caused by railway collisions, there is reason to believe that the original injury was either too severe to come under the head of concussion, or that some disease was coincident at the time of accident."

Erb,† who has followed the ideas of Mr. Erichsen, and seems to look upon this subject more from his point of view, says: "Even in protracted and sluggish cases the prognosis is not absolutely unfavorable. If distinct myelitic or meningitic symptoms appear, the prognosis must be made for these diseases; but even in the latter case, an attack which originates from concussion in a comparatively well person admits of a more favorable prognosis than one of spontaneous origin. But when the improvement ceases, even after one or two years of rational treatment, it makes no further progress, recovery is hardly to be expected." There is, however,‡ a case on record where paralysis followed an injury to the spine, which, after persisting for four years, terminated in recovery.

Dr. R. M. Hodges,‖ writing in 1881, said he had traced the history of twenty-one litigation cases of spinal concussion, none more recently than five years previous to that date. Of this number twelve had recovered, six had partly recovered, and three had not improved. Particulars of these cases are not given. Twelve cases are recorded in the history of the civil war. Of these eight were restored to health and returned to duty; three were discharged, and one died of chronic peritonitis.

That a war of the magnitude of the late rebellion should furnish only twelve recorded cases of concussion of the spinal cord, is another evidence of the rarity of the lesion.

In the disaster at Wollaston on the Old Colony Railroad in 1878, fifty-three persons were considered to be suffering from spinal concussion. Of this number there were only three in which there was a diagnosis upon which all the examining physicians agreed. Fourteen cases were impostors, and of the whole number all but two had recovered fifteen months after. The claims of all these cases were settled without being brought to trial, and large amounts were paid.

All writers seem to agree in regard to the particularly favorable prognosis of the so-called litigation cases. An eminent lawyer, who has had a large experience as counsel for the plaintiff in suits where this condition has been assumed to exist, is said to have remarked, he would like to see a case of concussion of the spine which did not ultimately get well.*

There are many instances on record where large amounts have been paid by railway companies for alleged concussion of the cord, and where recovery has very shortly followed the settlement of claims. This fact is now well recognized. It is not intended to imply, by any means, that in all those cases which have found their way into courts of law and where the patient has afterward recovered, that the symptoms have been deliberately kept up with the purpose of defrauding, or are, in fact, directly under the voluntary control of the patient's will. Some cases of course are, but it is a well-established fact that anticipated or actual litigation is often in itself a sufficient cause to continue and intensify existing symptoms as well as to create them. The anxiety and worry of a suit naturally harasses the patient, and has a depressing influence upon the already shattered nervous system. Thus it may be said that litigation is sometimes as potent in its psychical influences as the accident or injury itself. The settlement of claims, on the other hand, especially to the patient's satisfaction, as is often the case, acts as a powerful agent in bringing about a natural state of mind and consequent convalescence. The subsidence of the doubts and fears, whether or not a handsome sum will be received, the amount of which will depend upon the unfavorableness of the case, all mental strain in fact being removed, the mind falls into more healthy channels of thought, and as bodily strength increases, recovery follows in time.

Personal damage suits against corporations flourished with especial vigor shortly after the publication of Mr. Erichsen's lectures, but during the past few years there has been a reaction, due in part to a more scientific and impartial view of this subject, in part to a simplification of these matters by law, certain injuries having fixed rates of compensation, and lastly, to the fact that railway casualties have become less frequent. The question might be asked, why, if the views of Mr. Erichsen no longer dominate, they have been quoted to such an extent? In reply it may be said, that while his opinions are no longer gen-

* Vol. V., p. 916.

† "Op. Cit.," Vol. XIII.

‡ G. G. Webber, Recovery After Four Years' Paralysis Following Railroad Injury. *Boston Med. and Surg. Journal*, July 18, 1872.

‖ *Boston Med. and Surg. Journal*, April 21, 1881.

* Quoted by Dr. R. M. Hodges in the article cited.

erally accepted by the medical profession his book is still brought forward in courts as authority.

Railroad companies are, as a rule, willing to settle fair claims. Most of the litigation cases have been those in which the amounts claimed were exorbitant or the injury of more than a doubtful nature or manifestly fraudulent.

The public have little idea of the vast sums that these corporations have paid in compensation for damages occasioned by accident. In Great Britain in 1865 personal damage suits cost the companies over £300,000; and during the next decade large amounts continued to be paid annually; in 1867 * £347,000, and between 1867 and 1871 the sum of $11,000,000 was paid out in this way. In our own country the Revere disaster cost the railroad corporation $500,000, the Ashtabula accident over $600,000, and the Wolaston over $300,000.†

In the recent disaster at Mud Run, Pa., in October, 1888, sixty-three lives were lost and seventy person injured. "The Lehigh Valley Railway Company," writes one of the directors a month after, "without a single suit have made satisfactory settlement with the families of twenty-eight persons killed and for forty-seven injured. This fact is an evidence of the fair and liberal manner in which this company hastens to make amends on account of the carelessness of the employees."

In view of the vastness of these figures it might be inferred that the introduction of railways had rendered human life and safety more precarious. Such a conclusion would, indeed, be unfounded, for these amounts only represent one side of this subject; for it must be taken into consideration that millions of passengers travel yearly and thousands of miles of railways are in constant operation. Mr. Charles Francis Adams‡ says: "The charge of recklessness and indifference so widely advanced against those managing railroads, can not for an instant be sustained." The same writer informs us that there were more persons murdered in the city of Boston alone during the five years ending 1878 than were killed through railway traveling for eight years ending at the same date, though this period included the Revere and Wolaston disasters.‖

Again the vastness of these amounts may also be accounted for in part as due to the proverbial partiality of juries when a corporation is a defendant. This fact, as is well known, often encourages fraud and furnishes a basis for spurious and unjust claims. The following words of Mr. Adams'* seem a fitting conclusion:

"After all, it is not the danger but the safety of the railroad which should excite our special wonder.—The whole thing, however, is still none the less a miracle because it is a matter of daily observation. That, indeed, is the most miraculous part of it. At all hours of the day and night, during every season of the year, this movement is going on. It never wholly stops. It depends for its even action on every conceivable contingency, from the disciplined vigilance of thousands of employees to the condition of the atmosphere, the heat of the axle, or the strength of a rail. The vast machine is in constant motion, the derangement of a single one of a myriad of conditions may at any moment occasion one of those inequalities of movement which are known as accidents. Yet at the end of the year of hundreds of millions of passengers fewer have lost their lives through these accidents than have been murdered in cold blood. Not without reason, therefore, has it been asserted that, viewing at once the speed, the certainty with which the intricate movement of modern life is carried on, there is no more creditable monument to human care, human skill and human foresight than the statistics of railroad accidents."

The following recapitulation seems justifiable:

(1). That concussion of the spine is still a matter of doubt.

(2). That if it really exists in the strict sense of the word, it is a lesion of great rarity.

(3). That many of the symptoms which follow injury and have been attributed to concussion of the spine, arise from other causes, the chief of which are:

(*a*). Pscycho-neurosis, giving rise to hysteria, neurasthenia, paralysis, hemianæsthesia, cerebral or spinal neurasthenia, etc.

(*b*). Muscular strains, contusions.

(*c*). Injuries to nerves.

(*d*). A combination of these conditions.

(*e*). Certain structural lesions, hæmatorrhachis, contusion of cord, etc.

(4). That the prognosis is generally favorable.

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* In this year the number of travelers were 287,000,000, killed 19, injured 638—that is, one killed for about every 15,000,000 and one injured for 460,000, "Holmes' System Surgery," vol. i., p. 796.

† "Chas. Francis Adams' Notes on Railway Accidents," 1879, pp. 237. 268.

‡ "Op. Cit.," p. 268.

‖ "Op. Cit.," p. 242. To show that the comparative results are not in any way peculiar to Massachusetts, Mr. Adams says: "Neither are the comparative results here stated in any respect novel or peculiar to Massachusetts. Years ago it was officially announced in France that people were less safe in their own houses than while travelling on railroads; and, in support of this somewhat startling proposition, statistics were produced showing fourteen cases of death of persons remaining at home and there falling over carpets, or in case of females having their garments catch fire, to ten deaths on the rail. Even the game of cricket counted eight victims to the railroads ten."

* "Op. cit.," 268 71.

CLINIQUE.

ADENOID GROWTHS FROM THE VAULT OF THE PHARYNX.

By Chas. A. Bucklin, A. M., M. D., New York.

BY request of my respected friend, Dr. Egbert Guernsey, I am induced to reduce some of my non-systematized thoughts, gained from an extensive operative experience, to an article for the Medical Times, which shall contain practical hints for the general practitioner on the above subject.

I accept this invitation on the condition that my eccentric way of presenting the relations of the general practitioner to the subject under consideration will be taken in the spirit in which it is given, and that my entire failure to weave the thoughts which follow into a smoothly written literary composition will be excused.

We will now proceed to consider the duties and relations existing between the "*hard working doctor*," and those under his charge who are afflicted with adenoid growths from the vault of the pharynx.

The *above* subject is chosen for the purpose of illustrating how, in special fields of medical and surgical science, the co-operation of bright, thoughtful and intelligent family medical advisers with skilled specialists, may bring about results which are mutually beneficial and satisfactory to the physician, the specialist and the patient.

The more experience one has, the more thoroughly must he be convinced that greatest good for the masses of afflicted persons can only be obtained by the cordial and confidential co-operation between these two classes of medical men.

The specialist can never gain or enjoy the confidence of the masses sufficiently to induce them to have operations performed for the purpose of retaining the sense of hearing, since the parents of a child can not, from their stand-point, determine that the hearing of their child has been affected or is threatened with serious danger. They will only consult a specialist when they, with their obtuse senses on this subject, discover that the hearing has become manifestly damaged. By this time most serious organic disease already exists in the ear, which, being due to connective tissue changes, is incurable.

The intelligent family physician has spent years in slowly but surely acquiring the confidence of the family; if he is posted and watchful he discovers the impeding danger to the child's hearing years before the family would notice it. He can demonstrate, with proper acoustic experiments, that a damaged condition of the hearing already exists, long before the child or family suspect that the hearing is deteriorating. What he urgently advises will certainly be acted upon.

Who has the opportunity of doing the greater amount of good; the man who discovers the trouble early, recognizes the danger and possesses the influence necessary to induce the parties interested to take timely action, or the specialist who simply possesses the mechanical dexterity necessary to locate and remove the adenoid growths, but who seldom has an opportunity except through the family physician of seeing a patient of this description before it is too late?

Upon whom does the responsibility rest for the loss of hearing in thousands yearly, resulting from adenoids of the vault of the pharynx, which were not recognized through the stupidity or ignorance of the physician upon whom the family relied implicitly for all necessary medical advice.

I meet several classes of medical men who greatly disturb the harmonious relations which should exist between the physicians who come in direct contact with the public, and devote their time to giving medical advice, and *that class* called specialists who devote their time to mastering the mechanical technic of operating and learning from experience and statistics *when*, *how*, and when not to operate.

First is the towering great man who does not believe in specialists, and considers himself a good all around man. He always speaks in the societies learnedly on special subjects. When he speaks on neurology, friends tell me that he is sublimely ignorant in the modern science of that art. When he speaks on ophthalmology or otology, I am simply confounded to hear such views from one who occupies such a high position in the ranks of the general profession.

Second is the man who does not know, does not care, does not want to know, does not believe anything he hears, and never reads anything which he suspects may have any bearing on a special subject.

Third is the specialist who will do general work especially among those who are recommended to him by physicians, or the specialist who treats all forms of catarrhal diseases of the ear with astringents applied to the pharynx and inflation of the middle ear with a Politzer bag, without ever in-

vestigating as to the existence or non-existence of growths from the vault of the pharynx.

I have placed what should be the conclusion of my article first, simply because I believe that the entire success in treating this form of disease, so as to avoid ear complications, depends upon the early recognition and treatment of the difficulty, and this result can only be attained by intelligent co-operation of the family practitioner with the specialist.

Statistics upon the frequency with which adenoid growths occur in the vault of the pharynx are as yet too meagre, and open to too many sources of error to enable one to give but general couclusions.

It is safe to say that in statistics taken from our public schools, the trouble occurs in three per cent. of the children. When the examinations are made among children taken from orphan asylums, where half orphans are admitted, the percentage is higher; and in orphan asylums, where only full orphans are taken, or better, where the examination is only made among children who are full orphans, the percentage will run still higher.

Among persons having catarrhal ear diseases, the percentage must run very much higher than any of the above mentioned classes.

It is quite certain that the disease is confined to "*strumous*" children which accounts for the increased percentage that exists in New York schools, as compared with rural schools, and the further increase in the percentage among orphans.

"*Struma.*" We all use this word daily, and recognize in an individual, appearances which we call "*strumous.*" Still but few of us would agree as to the ætiology of "struma." My opinion is that strumous individuals are one, two or more generations removed from *tubercular* ancestors.

These gland-like growths exist on the vault of the pharynx in all degrees, from that of a simple roughened elevated glandular surface to masses which fall below the floor of the nostrils. They frequently entirely occupy the post-pharyngeal space. The frequency with which they co-exist with enlarged tonsils and other forms of glandular enlargements simply points more forcibly to the strumous origin of the trouble. It is true that enlarged tonsils exist frequently without adenoid growths and *vice versa*.

The symptoms of this disease vary widely in proportion to the size of the growth. The entire or partial obstruction of nasal respiration frequently exists, in which case, in *addition* to all the symptoms that arise directly from the presence of the mass of adventitious tissue in the posterior pharynx, the indirect effects of the nasal obstruction give rise to an *additional* chain of symptoms. In addition to the diseased mucous membrane, the damaging consequences, due to a partial vacuum being produced with each inspiratory act, owing to slow ingress of air through the nose to supply the air exhausted by inspiration, produces a chronic congestion of the pharynx—larynx and bronchi. The individual is said to have *chronic pharyngitis, chronic laryngitis,* or *chronic bronchitis.* It may well be said to be *chronic* because all attempts with sprays and astringents have failed to cure a single case so affected.

The individual is a mouth breather, and subject to all the evil consequences of mouth breathing, as sore throat, bronchitis, etc. Adenoid cases frequently have great difficulty with their articulation, and the voice has a so-called nasal quality. The following case illustrates the condition better than I can describe it. A boy, twelve years of age, is said always to have had a cold in his head, is hard of hearing, can not breath through his nose, and can not articulate distinctly; for the later defect he has been for two years under an instructor who cultivates the voice and speech. It was an absolute impossibility for him to sound "*sw*" in swill, or in any other word. Both tonsils were also very much enlarged.

A glance behind the soft palate with a small rhinoscopic mirror showed large glandular masses which hung below the floor of the nostrils. I re moved both tonsils at once, and in a few days removed, with the wire écrasure, the masses of glandular tissue hanging from the vault of the pharynx. The loop of the ècrasure was carefully adjusted by the view obtained in the rhinoscopic mirror which was held in one hand, while the other manipulated the écrasure. The difficulty in articulation, the sore throat and the hardness of hearing disappeared within ten days. The nasal respiration was simply perfect.

The above is simply a sample of the results which it is possible to obtain in these mouth breathing, mucous hawking, stupid looking and hard hearing children. Do not forget, however, that it is necessary to operate before chronic connective tissue changes have taken place in the ear, if you expect to obtain highly satisfactory results in this class of cases.

In a recent examination made in the public institutions and schools in this city, of two thousand children of ten years of age and under, adenoid growths on the vault of the pharynx were found

in three per cent. of the children examined. The percentage of ear trouble found was small. I find this latter statement sufficiently delusive to require consideration. In statistics every one having adenoid growths on the vault of the pharynx is placed in the table, and then conclusions are drawn as to the percentage of individuals having given complications. I can not see how adenoid growths on the vault of the pharynx, which do not *directly* or *indirectly* compromise the patulous extremity of the eustachian tube, or obstruct nasal respiration, can affect the hearing. But when they do obstruct nasal respiration or implicate directly or indirectly the eustachian tube, they must in time injure the hearing.

The changes in this form of ear disease are catarrhal, and the damage done is due to the increase of the connective tissue in the mucous membranes of the middle ear. These forms of changes are very slow in development, and do not as a rule affect the hearing sufficiently at the tenth year of age to produce a disturbance which would attract attention.

I am inclined to believe that diseases which produce marked damage to the hearing at this early period of life, are due to acute inflammatory changes rather than slow connective tissue changes. These must be the average result brought about in the ear by adenoid growths on the vault of the pharynx.

The methods used in attempting to determine the existence of aural complications should be very thorough if the examination is made at so early a period as the tenth year of life. Not knowing what the original hearing of a child might have been, we are not warranted, because the child at ten can hear a watch as far as we can at forty, in concluding that incipient catarrhal deafness is not in progress. Diseases which compromise any of the special senses as the result of connective tissue changes, come on very slowly, and consequently the loss of the special sense is not appreciated by the one afflicted until the sense becomes so impaired that its failure attracts the attention of those about him.

A delicate experiment which I find of very great value in determining the existence of early changes in the sense of hearing, is a large tuning-fork, the prongs of which are at least six inches in length, each prong being firmly clasped with a screw-clamp. This removes the "*over tone*" of the instrument which travels so sharply through the air, but leaves the ground tone which travels poorly through the atmosphere. It is, on the other hand, especially adapted to produce vibrations which are readily conducted through the bones of the head, because of the low, heavy vibrations it produces.

Sound waves reaching the ear through the bones of the head, will not escape from an ear so readily where there has been any thickening from connective tissue changes as they will from an ear in which no special resistance is interposed to their escape. We, therefore, have an intensified noise on the affected or most affected side, on the same principle that a railway train becomes so noisy upon entering a tunnel.

As a matter of fact we do not find these cases with equal thickening on both sides. If we did the tuning-fork would produce a noise of equal intensity in each ear. The tuning forks in general use for the purpose of making this experiment are entirely unreliable. They are too small, and no attempt is made to eliminate the "*over tone*," which travels so piercingly through the atmosphere, that the person examined announces that he hears the sound the loudest in the ear which is least affected.

These tuning forks are also too small, and the "*ground tone*" is too light to send distinct sound waves through the bones of the head to the ear. I consider this experiment of great diagnostic value in examining ears at an early stage of the development of catarrhal deafness, provided it is carefully conducted.

Others, who are authority on ear diseases, do not think so. I admit that there is no diagnostic experiment to which there are no exceptions, but I believe that there are fewer exceptions to the results given by a proper tuning-fork in this class of diseases than to any other experiment ever instituted for the purpose of diagnosis. I make due allowance for those who do not find the experiment satisfactory, by observing tuning-forks on their tables which are in no way adapted to fulfill the required conditions of the experiment.

The diagnosis of adenoid growths from the vault of the pharynx is comparatively simple because they give rise to symptoms which indicate the existence of the disease. The individual appears strumous—with mouth open—teeth frequently projecting, obstructed nasal respiration, faulty articulation or defective pronunciation, frequent complication with enlarged tonsils and continual hawking produced by attempts to dislodge mucus which accumulates behind or between the growths. Very frequently there is a constant irritation about the outer edges of the nostrils. Ear complications are very frequent evil consequences most to be feared. The growths can be seen at a glance in most individuals by a rhinoscopic mirror held back of the soft palate. They may frequently

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be seen through the nostrils with reflected light, especially their movement when the individual is requested to swallow. In some unruly children they can only be located by forcible introduction of the finger into the post-pharyngeal space.

Treatment. When they are not of sufficient size to cause any symptoms which the individual complains of, or the intelligent observer can discover, let them alone. When they cause annoying symptoms in the throat or ear, give the individual a stupid appearance or compromise nasal respiration, they should be removed. I have thus far succeeded, with few exceptions, in removing with the steel wire écrasure the growths from such cases as I found it necessary to operate on. Forceps of various forms and the curette may be required in special cases for the removal of these growths. I have with a single exception been able to snare, with a steel wire écrasure, these growths when they are of sufficient size to demand removal, because of unpleasant symptoms they produced. Galvano cautery had better be dispensed with in most of these cases. It is ineffective and the reaction frequently produces unpleasant acute ear complications.

The intelligent observer can recognize the existence of adenoid growths from the symptoms they produce, and when recognized in this way they demand removal. When the growths do not produce symptoms their removal is not urgent, and no harm results because they have not been discovered.

RETROSPECTIVE THERAPEUTICS.

Pengawar Djambi, or Paku Kidang.—According to Mr. B. Reber (*Der Fortschritt*), this drug is a most excellent hemostatic, which has been almost neglected, but is again coming into use. It consists of the silky, glossy, yellow or brown hairs on the stems of several kinds of tropical ferns. The genuine pengawar djambi, which comes from Djambi, in Sumatra, is gathered from several species of the genus *cibotium*. It is well to slightly crush the hairs before applying. In a note in the *London Medical Record*, December, 1887, Dr. F. A. Junker gives his experience as follows: "I had during the last Franco-German War frequently an occasion of testing the hemostatic properties of the pengawar djambi. I employed it in many cases of capillary hemorrhage, and of bleeding from small vessels, which were either cut, torn, or laid open by sloughing—in some instances even on very extensive surfaces, and for plugging, generally only a thin layer of it was required, and the bleeding was even arrested before the superior strata (or, in plugs, the more central portions), had imbibed the blood. The pengawar, if smoothly adapted, can be easily removed without causing irritation, as the hairs will not then become matted, and will not clog and stick to the wound."

The *Therapeutic Gazette* says of this agent: "To the physiological surgeon it is extremely valuable on account of its power of rapidly coagulating blood and forming a plug, which for the time being will stop hemorrhage even from large venous vessels. Thus, in opening up the spinal cord there is usually an excessive outpouring of blood from the torn sinuses, an outpouring which may be at once arrested by stuffing pengawar djambi into the wound. It is free from irritant properties, and we see no reason why it could not be made the bearer of antiseptic substances. Under its influence we believe that any cut surface would rapidly dry, and we trust some of our surgical readers will make a practical test, and report the results in our columns."

Resorcin in Sea-Sickness.—Dr. Justus Andeer (an old transatlantic traveller, and himself a victim to the complaint), considers, says the *Centrlb. F. Die Med. Wissensch.*, of December 10, 1887, that a single dose of .75 to 1.5 grammes (12 to 24 grains) of resorcin is usually sufficient to abort sea-sickness in its first symptoms, and a relapse is seldom observed.

As soon as symptoms of uneasiness, dizziness, loss of appetite and restless sleep begin, the drug should at once be taken. The result will be continued relief from all the above symptoms, and gentle, refreshing sleep.

In severer cases, where vomiting has set in and added to the above-mentioned symptoms, there is tremor, apprehension, a heavy feeling in the back of the head, and constipation, the drug should then be continued, and two or three doses given daily until entire relief is obtained. Every dose of the drug will be followed by a tranquil sleep, lasting from three to five hours, from which the patient will awake feeling refreshed and relieved.

In some extremely sensitive patients the symptoms of sea-sickness will return during a heavy sea, but a single dose of the drug will at once relieve these. It does not interfere with the digestion, and is tolerated by the most delicate stomachs.

Fuchsin in Albuminuria.—In the *Gaz. Heb. de Méd. et de Chir.*, Dr. Reiss writes of twenty cases of nephritis which he treated with 5 milligrammes to 1 centigramme (1-10 to 1-6 grain) of fuchsin. In two cases the effects were truly wonderful: The first was a case of scarlatinous nephritis in a child, aged four; a complete elimination of albumen resulted in forty days. The second was a case of rheumatic nephritis, and in this case a cure was effected in three weeks. The other cases, among which were several cases of chronic nephritis, were all benefited greatly by the use of the drug.

Dr. Reiss considers the proper dose to be from 1 to 5 milligrammes (1-64 to 1-10) daily, and in special cases the dose may be increased to 10 or 12 milligrammes (1-6 or 1-5 grain). A red coloration of the urine was noticed, but no cerebral, nervous or digestive troubles were ever observed to follow the use of the drug.

Geranium Maculatum.—According to Dr. J. V. Shoemaker (*Med. Bulletin*, Dec., 1887), geranium maculatum is one of the most valuable and yet the least known of American indigenous remedies. The portion of the plant used in medicine is the rhizome, or the root, stripped of its bark. The fluid extract is the most eligible and effective preparation, as it contains all the virtues of the plant.

There are few remedies which possess a wider range of usefulness than geranium maculatum, and which are so devoid of harmful properties. In all forms of hemorrhage, whether internal or external, hemoptysis can usually be promptly arrested by drachm doses of the fluid extract given hourly until the attack subsides. Relapses

may be prevented by continuing the same dose at longer intervals for three or four days. Hematemesis may be effectually controlled in the same manner after the whole array of styptics have failed. In hemorrhage from the kidneys and the intestinal canal better results can be obtained from the administration of smaller doses, twenty drops, four times daily, for an extended period. Epistaxis may be speedily checked by plugging the nostrils with cotton dipped in a solution composed of one part of the fluid extract of geranium and three parts of water, or by syringing the nasal passages with the same solution. Hemorrhage resulting from the extraction of a tooth can invariably be promptly arrested by filling the socket with a piece of cotton saturated with the undiluted extract of geranium maculatum, and applying firm pressure for a few minutes. Menorrhagia can be most effectually abated by the internal administration of geranium combined with vaginal injections of the same remedy. In severe cases it may be necessary to tampon the vagina with cotton soaked in a diluted solution of geranium or to inject the uterine canal with the same solution. This latter is the most effective method, but it must be resorted to with caution.

Geranium is also of value in purpura, scurvy, hemitidrosis, and the hemorrhagic diathesis. It is a most serviceable remedy in colliquative and chronic diarrhœa, infantile diarrhœa, and the diarrhœa of typhoid fever. It may be given with marked benefit in the latter stages of cholera infantum, cholera morbus, and chronic dysentery. In the latter class of affections, rectal injections of the remedy appear to be most efficacious. This is also an effective method of eradicating ascarides.

Geranium is of especial value in phthisis, restraining the diarrhœa, preventing hemorrhage, moderating the fever and night sweats, lessening the cough, and promoting the appetite.

Cases of anemia and chlorosis in which the usual medicines have not been of any benefit, frequently improve at once upon drachm doses of geranium before meals. Amenorrhœa and other disorders of menstruation dependent upon poverty of the blood, often disappear spontaneously during a course of geranium.

Diluted with eight parts of water it forms an elegant and effective gargle in relaxation of the uvula and fauces, and chronic pharyngeal catarrh. Applied in the same strength with a post-nasal syringe or douche it is without a superior in naso-pharyngeal catarrh. In leucorrhœa, prostatorrhœa, and chronic gonorrhœa, it may be given internally, and also used as an injection in the proportion of one part of the fluid extract to ten parts of water. The injections should not be used more than once every second or third day. Purulent cervicitis, fissures of the cervix, and catarrh of the body of the uterus and relaxation of the vaginal walls can be cured by the application of the fluid extract of geranium, either through the medium of an injection or by the ordinary cotton tampon and applicator.

The pain and irritation attendant upon fissure of the anus can be removed at once by touching the fissure with the undiluted extract, and a permanent cure effected by continuing the applications two to three times daily for a few days. Prolapsus ani will usually yield rapidly and not recur if the pure fluid extract be brushed daily over the protruding mucous membrane, and a twenty-five per cent. solution be injected into the rectum every second day. Ulceration of the rectum and anus may be rapidly arrested by the same means. The repeated application of the fluid extract will relieve the irritation and lessen the size of hemorrhoidal tumors, and not unfrequently occasion them to shrivel up and disappear. The undiluted extract is without a superior in the treatment of fissured nipples. It relieves the pains at once, and forms a protective covering over the painful cracks, beneath which the healing process continues undisturbed. Unlike lead, the other commonly employed agents, it is harmless to the infant, and need not be washed off before nursing.

Geranium is an excellent remedy in various forms of disease of the skin characterized by excessive secretion. In hyperidrosis and bromidrosis no more effective plan of treatment can be suggested than bathing the affected parts three or four times a day with a thirty per cent. solution of the fluid extract. The flow of perspiration is lessened, the fetor removed, and the patient raised from a state of despondency to one of comparative happiness.

Geranium will check venous or capillary oozing, restrain the bleeding of lacerated wounds, and arrest the hemorrhage following small incised wounds, or various operations, more effectually than Monsel's solution, alum, or any of the agents employed. A small piece of cotton should be soaked in the pure fluid extract, and held firmly against the wounded or bleeding surface for a few minutes. A piece of sticking plaster or an ordinary bandage may then be applied. When this method is adopted stitches need not be inserted unless the wound is deep and the edges gaping. Hemorrhage does not recur, and the healing process begins at once and continues without interruption.

Sloughing and unhealthy sores rapidly assume a healthy appearance when continually bathed with geranium. Vaginal and intra-uterine injections are rarely necessary after delivery, but when the fetor of the lochia, or other symptoms demand their employment a decoction of geranium or ten per cent. solution of the fluid extract will be as efficacious as solutions of carbolic acid or mercuric bichloride, and far more safe and agreeable to the patient.

Pruritus ani and vulvæ are due more frequently than is supposed to minute fissures of the skin of those regions, or to a relaxed and œdematous condition of the mucous membrane, and consequently can often be promptly relieved by the application of a strong solution of geranium.

Finally, the fluid extract of geranium, owing to the large percentage of tannic acid which it contains, is a convenient and effective antidote in cases of poisoning by iodine, mercury, silver, copper, antimony, digitalis, conium, gelsemium, tobacco, physostigma, veratrum viride, and aconite.

Bicarbonate of Sodium in Tonsilitis.—Let the patient wet his forefinger and dip it into powdered bicarbonate of sodium. The surface of the tonsil should be rubbed with the end of his finger every five minutes during half an hour, afterwards every hour during the same day. Three applications a day are then sufficient. The author (in the *Lyon Medical*) since adopting this treatment has not had to lance a single inflammed tonsil.

Erysipelas and Chalk Ointment.—Sir Dyce Duckworth, M. D., recommends an ointment of equal proportions of prepared or precipitated chalk and benzoated or purified lard, the lard being melted before the addition of the chalk. A half drachm of pure carbolic acid may be added for each ounce of ointment. The ointment is applied with the finger and smeared thickly over the erysipelatous part, a mask of plain or boracic lint being secured over this. In severe cases it may be necessary to apply the ointment twice or more in the twenty-four hours.

XUM

Ammonia.—Dr. Procter, in the *Monthly Hom. Review*, has some practical observations on this remedy. It acts, he says, very generally over the whole system, in this respect resembling soda: consequently, we find its influence pervading most of the tissues, and hence its indications have to be drawn rather from the kind of action than the seat.

Congestion is the key-note of ammonia; catarrh with thin secretion separates it from a host of catarrhal medicines at once. Besides the secretion has no irritant properties, and this again is a help. The action seems to extend along the whole tract of the mucous surface. It is, therefore, eminently a catarrhal medicine. In catarrhal croup I have learned to trust very much to it, and in bronchitis the muriate of ammonia is a remedy of the first order.

The fever accompanying the catarrh is characterized in the case of the carbonate of ammonia by little or no chill, but vigorous reaction, with great vascular turgidity. Such catarrhs are very common in hot weather and hot climates from a sudden chill, and are very common in all temperatures when the chill has been received under circumstances of great vascular excitement, such as the after-dinner cold, which we are made acquainted with the next morning.

In colds of this kind, the system is usually affected after the manner of a concussion to a train. The first carriage receives the impact, and this is transmited to the next and next until it has passed the whole length of the train. We begin with sneezing and nasal catarrh, the irritation travels downwards to the throat and larynx and bronchial tubes, perchance setting up pneumonia. It passes in the same way down the esophagus to the stomach and bowels, maybe setting up catarrhal jaundice en route, or down the urinary tract to the bladder, and in mild cases finishes up with catarrhal rheumatism.

Well, our ammonia travels over the same ground, and as seen by its provings, furnishes us with lumbago and other local pains in the frame-work of the body. The peculiarity of its intestinal action is the copious production of clear mucus. As a glandular medicine, however, it seems to have little or no action. In the provings we see nothing like jaundice, consequently where such is present specific hepatic remedies are called for. In gastric catarrh, the muriate of ammonia has decidedly a claim upon our consideration, as its symptoms point very strongly in that direction. The first decimal trituration is a favorite dose with me.

Acting on the hint derived from the similarity in many respects between the action of ammonia and that of alcohol on the vascular system, I have found the muriate of ammonia efficacious in hepatic congestion in persons exposed to heat, such as cooks and others in this country. Also I have proved its value in hepatic affections consequent on the use of alcohol, and I have a strong feeling that it is likely to afford help in cirrhosis, and shall be disposed to try it in substantial doses in a future case.

The New School regards ammonia as a remedy for scarlatina with anginose symptoms, but without cerebral disturbance and with slight eruption, or even tending to retrocession. The force of the disease is spent on the throat. The carbonate of ammonia is more particularly indicated in scarlatina, just as the muriate is in catarrh, and as we shall see presently, the liquor or caustic ammonia is in diphtheria. As illustrating its action on the skin, in addition to a scarlet eruption that has been noticed in a few cases on the upper part of the body, Hahnemann mentions the symptom, "The skin of the palm of the hand peels off after four days." I am able to confirm this by an unintentional proving on a patient. A man for some gastric derangement got a prescription for am. crab. 1-10 trit., to be taken for a few days. He took it by mistake for about three weeks, at the end of which time he casually pointed out to me that the skin of his hands was pealing off, as after scarlatina. He had had no illness in the meantime, and I could only put it down as a pure drug symptom.

The general tendency of the scarlatinal symptoms of ammonia being towards the anginose type, it is obvious that it would be tested in diphtheria. Accordingly we find it recommended in all our books, but it seems not to have received as much attention as it deserves.

The most remarkable evidence in its favor in the treatment of diphtheria is given by Dr. Thomas, of Llandudno. He informs me that he has relied upon ammonia in this disease for the last twenty years, and has treated some 130 cases with only one death. His method is to give the liquor ammoniæ fortior of the British Pharmacopeia in half or quarter drop doses every two hours until the exudation is fairly gone, the treatment to be continued night and day.

In a case mentioned by Raue there was croupous cough which threatened suffocation every minute. The lower part of the pharynx, as far down as could be seen, was covered with a white exudation. The patient was in the greatest agony, frequently jumping out of bed and gasping for breath. The details of the treatment are not given, but it is merely stated that ammonia caust., 15 drops to a glass of water, cured the case ("Special Pathology," p. 300; 2nd edition). Evidently here was a condition of diphtheritic croup of a very severe type, and recovery from a state of extremity like that by the use of a single remedy is not to be lightly passed over. For my own part I am disposed to regard the ammonia treatment as full of possible good, and worthy of our most careful attention.

There is one other practical use of ammonia that I would refer to, though it must be considered as simply the utilizing of a physiological fact in medicine. The drug is known to retard the coagulation of the blood by some solvent action on the fibrine. Now it occurs to me that if this action can be applied to the dissolving of emboli, we shall find a new and important use for ammonia. In all such cases we have at present to stand by and see important organs go to destruction, owing to obstruction of the circulation, and can do nothing to save them.

The Physiological Action of Perfumes.—W. P. Ungere writes to the *Popular Science News*: I have watched for years the action of inhaling perfumes on the human system, and come to the conclusion that inhaling perfumes and odors of flowers is not only a valuable therapeutic agent to the human system, according to Professor Schonlein's statement, but it is my personal opinion that living in perfumed air will prevent lung diseases, and arrest the development of consumption. In my connection with perfumery manufacturing, for over thirty years, I have had several consumptive persons in my employ of both sexes, who were condemned to die young of the inherited disease, outside of that occupation, but who lived to a good old age in the saturated air of perfumes. In my late visit to Grasse, in the south of France, which is called the Flower-Garden of Europe, my assertions were confirmed, as consumption is of rare occurrence in that locality. The air is full of the escaping vapor from the distilling of perfumes and ethereal oils, which is the chief occupation of that country; and the in and out door air is saturated with the exhalation of the flowers and plants all the year round.

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PRESIDENT HELMUTH'S ADDRESS.

WE GIVE on another page an abstract of President Helmuth's address before the State Society at its last Annual Meeting. The two leading points discussed are a homœopathic examining board and sectarianism in medicine. A strong reason in the mind of the lecturer in favor of a homœopathic examining board is "that there is something instinctive in the allopathic mind prejudicial to homœopathy; it has been ground into it by the wheels of time, and pounded into it with passing centuries. This can't be helped, and even with a disposition to be fair it is so easy in a medical examination for the examiner to have things mostly his way, that a homœopathic student being examined by an allopathic doctor could be easily plucked without any qualms of conscience on the part of the questioner—indeed, he might say it was done fairly. It is on these accounts for the present, at least, that we must have our own board." It is to be regretted that Dr. Helmuth did not examine with more care the present and the proposed new law before placing himself so strongly on record in a poetic flight of imagination. The reasoning is from false premises, and the picture drawn of the triumph of prejudice one which can never be realized. According to the provisions of the law proposed, the different colleges send the names of the students who have received the diploma of the college to the board of regents, who give them the necessary permit to appear before the examining board for the examination for a license to practice medicine. The examiners not only do not know the college from which the student has graduated, but the very questions asked are transmitted to the examiners by the regents, and the answers, given in writing, are filed in the archives of the board. Each examiner sends a certain number of questions to the regents, who pick out five or six, the written answers of which will best show the knowledge of the student; and this constitutes the examination. There is no chance for unfairness, none for that "instinctive something prejudicial to homœopathy which has been ground into the allopathic mind by the wheels of time, and pounded into it with passing centuries." More than this, the student is not examined upon therapeutics. If he understands the structure of the human system, and the physiological action of remedies he can apply them in any way which in his judgment will best conduce to the relief of his patient.

It seems to us that one examining board, its work so distinctly defined by law as to prevent any unfairness, is infinitely better than one for each school, for the reason that the matter is not only immensely simplified, but every student starts in his profession, so far as examination is concerned, from the same plane. In a matter involving the interests of any portion of the profession or the general public, the most stringent measures should be taken to protect the rights of all, with no special favor to individuals or classes. The proposed law accomplishes this purpose in the most practical manner possible, and while it discriminates in favor of no one, it equally protects the rights of every individual and of every college; all being placed precisely on the same plane.

Parties always have existed and always will exist until the millenium, which we are told to expect in the far off future, dawns upon the world. The object of party is to bring out clearly some distinctive principle, and follow out some line of work which will best secure public support and

win public confidence in that direction. The more the foundations of party are laid in truth and justice, and the more its work is not for personal aggrandizement alone, but foremost and above all for the public good, the wider, the deeper, and the stronger becomes its influence. A name which does not fitly represent a party narrows its influence and impedes its progress for good. The early societies in the homœopathic school were organized for one specific purpose, the study of a distinctive principle in medicine, and were not called homœopathic societies. Driven from the old organizations and denied fellowship with old and life-long friends for daring to investigate and practice the principles of a philosophy as old as Hypocrates, but which had for centuries slumbered beneath the dominating principle of Galen, in the course of time the various departments of general medicine and surgery were united to that of therapeutics, and to these societies thus organized was unfortunately given the name homœopathic. We say unfortunately, because in therapeutics the term homœopathic did not represent the practice of the founders of these societies, or of 99 out of 100 of the thousands who have since united with them. Will President Helmuth claim that *similia* is an unfailing principle in therapeutics? Will he from the witness-box of a court of law, where each word in testimony is carefully weighed, assert unhesitatingly and without reservation that he is a homœopathic physician? However valuable he may find *similia* in the selection and application of his remedy in general practice, is it too much to say he would never have reached his present high and deserved scientific tendency in the medical world if he confined himself exclusively to that dogma? If we are not mistaken, President Helmuth's library is as well filled with books on general practice by the leading writers of all schools as that of any other physician in the city, and those works are carefully read and the information utilized in his daily practice without regard to dogma. Is not the first thought of every true physician the relief of his patient, and in seeking that relief will he be bound to any exclusive dogma when experience and scientific research may point to a remedy outside as better likely to meet the emergency.

Dr. Helmuth strikes the key-note of the future in the terms "Old School and New School," terms which, if they had been adopted as first, would have placed us squarely and honestly on a foundation admitting the widest range of thought, and the developments of science through all time. We heartily indorse the president's eloquent and glowing picture of our profession:

"The area that medicine covers to-day is so immense that its contemplation alone is a matter of time and difficulty. Its tentacles extend in every direction and draw into it, either immediately or remotely, so many abstract sciences that the thoughtful scholar must stand amazed at the boundless realms before him. Both as a science and art its antiquity unfolds the wisdom and learning of centuries, and its archives are ablaze with the names of the illustrious men of past and present generations. But its dignity and its beauty rest not either in the magnitude of its properties, its antiquity or the immensity of its knowledge. Above all these, and shining through the vista of the ages, shedding a benignant light over all systems, all controversies and all schools that have existed, purifying the errors, which have been many, and illuminating the good, which has been great, is that grand catholicity of purpose which from the time of Hippocrates to the present has focused all its efforts upon one great object, one almost divine purpose—the relief from suffering of that being whom God created in his own image."

The point at issue between THE TIMES and many of its colleagues, is not one of principle but of name. We claim the term homœopathic is misleading, and does not fairly represent the catholicity of our school, while that of "New School" takes away every objection and gives us the widest latitude of thought and investigation. We do not advocate, and are not aware that any one else does, the disbanding of any college or society, but simply the changing a name from one which cripples energies, restricts usefulness, impedes progress, places us in a false position before the public, and which should have never been adopted, to one, "the New School," which confines us to no one dogma but which gives us full freedom for unlimited investigation and development.

XUM

BY A series of laboratory experiments, reported in the transactions of the Academy of Sciences, Lowenthal claims to have discovered in salol a specific for cholera. The virus of cholera is supposed to be a ptomaine produced by the cholera bacillus, discovered by Koch, but in ordinary culture the bacillus although generated in abundance fails to produce the death dealing ptomaine, and is, therefore, in itself harmless. Lowenthal, by a long series of experiments, thinks he has demonstrated conclusively that the pancreatic juice in presence of albuminoid and peptonized substances rouse into action the poison secreting power of the bacillus. This fact established, the results follow as a matter of course. The bacillus pass from the stomach to the intestines and then at the touch of the pancreatic juice, pour out those deadly ptomaine which, as they are absorbed in greater or lesser quantities into the system, produce cholera in its lighter or more virulent forms. Salol is decomposed by the pancreatic juice, and the ingenious experiments in the laboratory show that it is fatal to the ptomaine of the cholera bacillus which have been developed in the culture tubes and given with fatal results to mice. Salol even in moderate doses, it is claimed, will entirely destroy the cholera virus.—Of course it will be necessary to verify the experiments of Lowenthal by clinical experience, but they have been conducted so carefully, and are so important that, from a scientific standpoint, they are worthy of careful attention.

ONE OF the greatest troubles in treating successfully the various forms of headache which are so prevalent in every class of society, but especially among females, is the difficulty in getting at the precise cause and deferentiating between head pains of functional origin, and local conditions.

Dr. Dana, in a very interesting paper read before the State Medical Society based upon two hundred cases of chronic headache, functional in character, says in conclusion, "Pains in the head are either neuralgias, migraines or so-called headache. The seat of headache is always in or referred to the trigemenal, vagus, or four upper cervical nerves. Headaches are seated in or referred to the periphery of the nerves in question; neuralgia is seated in the trunks or central; migrane is a periodical discharging neurosis, affecting motor, vaso-motor, secretory as well as one or more cranial sensory nerves. The dura mater is the most frequent seat of headache. The chronic functional non-migranous headaches may be classified as namic, including diathetic forms, toxic, dyspeptic, neurotic, reflex." General nervous headaches arising from debility, over excitement, gastric or uterine derangement may be relieved temporarily by the bromides, among the best of which is the bromide of soda, in thirty grain doses, caffein, antipyrin in from ten to twenty grain doses, antifebrin in from five to ten grain doses. Permanent relief will depend, however, upon the re-establishing a healthy condition of the organs of which the headache is only the reflex. If the liver is in fault, that must be started into healthy action; if the womb, that claims attention; if of rheumatic, syphylitic or malarious origin, the patient should receive such constitutional treatment as is called for by the disease, which may be mercury sulphur, iod of potassa or quinine. Prosapolgia of a violent nature, among other remedies, calls for kalmia in drop doses, valerianate of zinc in doses of a tenth of a grain to a grain, while passive congestion indicated by aching in the back of the head, and general weariness is best met by such remedies as gelsemium. In conclusion, none of the aches and pains to which the body is subject require more patient study and a more careful solution of remedies than headache.

DR. TURNER, of the U. S. Army, in view of the wider fields of labor opening to woman, in her welcome to almost every profession, anticipates the time when she will no longer be the poor victim to be practiced upon, but will take her turn in practicing upon the other sex. When that time comes the Lord have mercy on us and save us from being the ladder upon which she mounts to fame. "We may then find," says Dr. Turner, "our cremasters tucked and plated for pendent scrotum; the prepuce flounced for redundency; the epididymis resected when the

testicle is too low; our ureters catheterized, and the pelvis of our kidneys curetted; and Miss Cynthia Tate, more bold and brilliant than all the rest, will castrate for all manner of neurosis." When that millenium comes the table may be turned with a vengeance, possibly in many instances to the great benefit of society.

—The Dartmouth Medical College (N. H.) is responsible for the following remarkable cure of chronic hydrocephalus. At birth the child's head was of normal size; but in about two weeks it began to enlarge, when twenty-eight months old the child weighed fifty-two pounds, and the head was estimated to weigh forty to forty-fifty pounds. The dimensions of the head were as follows: following the longitudinal sinus from root of nose to occipital protuberance 42 inches; outer canthus to top of frontal bone, 7 inches, to vertex, 12 inches; from one ear to the other, over vertex, 27½ inches; from neck to top of occipital bone, 15 inches; distance between temporal bones, across anterior fontanelle, 10½ inches.

BIBLIOGRAPHICAL.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION. By George M. Beard, A. M., M. D. Edited with notes and additions by A. D. Rockwell, A. M., M. D. New York: E. B. Treat, 771 Broadway, 1889.

This volume of medical classics includes chapters on the symptom, nature, diagnosis, prognosis, treatment and hygiene of nervous exhaustion discussed in the original and practical manner characteristic of all of the writings of the author. Neurasthenia or nervous exhaustion is peculiarly an American disease, and presents itself in some form or other for medical treatment to every physician, forming a very large item in yearly practice. A work in which a differential diagnosis of the various forms of neurasthenia is given, with practical suggestions of treatment, can not fail to be of interest to every physician.

THE SKIN DISEASES OF INFANCY AND EARLY LIFE. By C. M. Campbell, M. D., C. M. Edin., etc. London: Baillière, Tindall and Cox, 1889; pp. 202, 12mo.

The author has condensed into these few pages, for the busy practitioner for purposes of diagnosis and treatment, the skin diseases of infancy and early life. The work will be found both practical and useful. One chapter is devoted to the exanthamatous fevers.

THERAPEUTIC METHODS. An Outline of Principles Observed in the Art of Healing. By Jabez P. Dake, A. M., M.D., late Professor of the Principles and Practice of Medicine in the Hahnemann Medical College, Philadelphia, Etc., Etc. Otis Clapp & Son, Boston, 1889. College Edition, pp. 190, 8vo,

This little book which constitutes a concise statement of the subject of which it treats, should be in the hands of every student of medicine. The text is eminently practical and will clear up in the mind of the inquirer many important questions. We commend the book to our truth seeking readers in this direction. There is no such thing now as an *allopathic* physician; so that term had best be dropped out of our vocabulary.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR 1888.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNA.

These two volumes contain the doings of two representative societies, and a large amount of practical and important matter may be found in them. They will be found well worth their cost. An excellent portrait of our distinguished colleague, Dr. Helmuth, adorns the work of the New York Society.

HAND-BOOK OF THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT, NOSE AND NASO-PHARYNX. By Carl Seiler, M. D., Instructor in Laryngology and Lecturer on Diseases of the Upper Air Passages, in the University of Pennsylvania; Chief of the Throat Dispensary at the University Hospital; Physician-in-Chief of the Union Dispensary, Etc. Third Edition, thoroughly revised and greatly enlarged. Illustrated with two lithographic plates containing ten figures, and one hundred and one wood engravings. Philadelphia: Lea Brothers & Co., 1889; pp. 374, 12mo.

The issue of a third edition of a work ought to be sufficient evidence of its practicability, and that it fills a want on the part of the profession. The book under review fills the requirements of diagnosis and some modes of treatment excellently, and it will be found of great service.

One of the most beautiful Calendars we have seen is that issued by the Dennis Manufacturing Co. as an advertisement for Paxine, a medicine for malaria and nervous diseases which has recently become quite popular, and the formula of which is sent to any physician desiring to know its composition. The Calendar, which is of celulloid, adapted for the day, week and month, is a very convenient and beautiful addition to the office table.

The contents of the second number of WOOD'S MEDICAL AND SURGICAL MONOGRAPHS are: 1. Gonorrhœa Injection in Women, by Wm. Japp Sindan, M. D. 2. On Giddiness, by Thomas Granger Stewart, M. D. 3. Albuminuria in Bright's Disease, by Dr. Pierre Jaenton.

CORRESPONDENCE.

QUESTIONS IN DIAGNOSIS.

To the Editors of THE NEW YORK MEDICAL TIMES:

M. O. T. will please accept my thanks for the light thrown upon that ear case of mine, by his communication in your last number. I have little doubt, now, that the symptoms were caused, as I understand him to intimate, by an abscess—which burst just in the nick of time to have made a beautiful high potency cure—if the case had only been reported in the right journal! "Rupture of an ear drum," however, is out of the question, in this instance, as that portion of the affected organ, together with its ossicles, was long ago totally destroyed during a suppurative process which lasted for many years, and which was ushered in by an attack of inflammation very similar (as nearly as I can remember) to this last trouble. It was the latter fact which made me so uneasy when the slight discharge began, and so ready to set down its disappearance to the credit of the remedy. Nevertheless, I

really can not admit that the "logic" I employed was that of the California physician, with his nitrate of silver and two hundredth potencies, or anything like it. M. O. T. must have overlooked my statement that "I took nothing but the puls. 30th, and made no application, by syringing or otherwise, to the ear."

And so, enough on *that* head. The case, I think, was worth reporting, if only as exemplifying the almost utter unreliability of clinical evidence, unless subjected to the careful analysis which your correspondent insists on. The same lesson is taught, though in a different manner, by yet another passage from my own personal experience, which, as it is, besides, of a rather unusual nature in itself, I will risk the charge of egotism by transcribing for your columns:

In April of the year 1885, while living in Brooklyn, and engaged principally on a piece of medico-literary "hack-work," necessitating the use of pen and typewriter for six or eight hours daily, I began to experience a pain in the right shoulder, which prevented lying on that side. It was accompanied by a similar sensation in the corresponding wrist and fingers, with a slight stiffness in the latter, which somewhat interfered with writing. At first I took little notice of these symptoms, attributing them to rheumatism, which, in the chronic form, had slightly affected my left knee some years before. I took various remedies, and went on with my work as well as I could. But the trouble gradually and steadily grew worse. The aching in the shoulder and upper arm disturbed my rest. Writing became more and more difficult, until, at last, early in July, I laid down my pen, and have scarcely ever tried to use it since. And now began my search for a diagnosis, in which I was most kindly aided, from first to last, by at least half a dozen of my professional brethren. Opinions were divided between rheumatism, writer's cramp, and a mixture of the two, but none of them were positive or satisfactory. Various medicines in various attenuations were prescribed, as apparently indicated by the symptoms, but no effect whatever was produced. Constant pain throughout the affected limb almost prevented sleep, and a swelling of the wrist and dorsum of the hand set in. For a short time I continued to use the typewriter, but at last this too had to be laid aside.

Among those to whom I showed the case was a professor of pathology in a leading New York school, and one of the best known practitioners in the city. He had no sooner heard my story than, with hardly a glance at the afflicted member, he pronounced the ailment "writer's cramp." He knew it at once, for he himself had suffered in the same way, though now completely recovered. Electricity and cold affusion would undoubtedly make me all-right in six weeks. I went home and tried the prescription, but soon found that there was a mistake somewhere, as the only result was an aggravation.

After this, in my desperation, I even resorted to a "proprietary" nostrum, and swallowed two bottles of "seven barks!"

Tempted by an advertisement, I called, in November, at a certain "Institute," for the cure of chronic maladies otherwise intractable, especially rheumatism. The venerable proprietor promptly diagnosed my case as one of "rheumatic paralysis," and pledged himself to effect a cure, without restriction as to time, for the modest fee of one hundred dollars per month, payable in advance. No one else, he asserted, could do me any good; and in this I was almost ready, by this time, to agree with him. Before venturing on such an expenditure, however, I thought it might be as well to try the efficacy of massage, and so betook myself to a young but promising practitioner in that specialty. Although an M. D., this gentleman troubled himself very little about the matter of diagnosis, but entered upon his routine treatment—mechanical and manipulative—with an energy which, however well-meant, enabled me to realize, in some measure, the pangs of a heretic in the clutch of the old Spanish inquisition. After this had continued for a week or two, the tumor at the back of the hand, which had grown quite prominent, suddenly broke, and began to discharge a thin pus. This was christened a "boil," and I was encouraged to hope that my mysterious disease, whatever it might be rightly called, was coming to the crisis which must precede recovery. But still there was no improvement in the symptoms. The hand was now quite useless, and so sensitive that brushing it against the garment of a passer-by while walking the streets, caused a most distressing shock, like electricity. My general health, allowing for the effects of mental worry and loss of sleep, was not materially impaired.

In this condition, while on my way, one wintry morning, to the "movement cure," I stepped in at the Library of the Academy of Medicine, where the custodian, noticing my disability, introduced me to a distinguished physician who happened to be also in the rooms. This gentleman—widely known for his brilliant discoveries in the domain of surgical anesthesia—kindly interested himself in my case, and, probably suspecting its real nature after an application of electrical tests, sent me to consult a colleague whose reputation, in the departments of orthopedics and bone surgery, is, perhaps, unequalled in America. The professor asked a few questions, nonchalantly introduced a probe into the abscess, and after a brief but searching investigation, announced that I would have to undergo a little operation, which would make me all right, he hoped, in a short time. This sure prospect of relief, as I then considered it, so elated me that I did not think of asking the name of my complaint. On the day appointed I presented myself at the doctor's clinic; the back of the hand was injected with cocaine and bandaged á la Corning; the abscess opened and cleansed, and the wrist put up in a plaster-of-paris splint—all without inflicting a particle of pain. Being quite hard of hearing, I gathered no information from the operator's remarks to the surrounding students, but went away still ignorant of what ailed me, and rejoicing in the hope of a speedy and complete recovery. In one of my subsequent visits to the hospital, however, I put a direct question and was informed that my disease was "caries of the carpus!" I will not dwell upon my astonishment at this revelation, or upon my inability to conceive how, with a constitution free, as I believed, from the slightest predisposing taint, I had become the victim of such a disorder. Suffice it, that the puzzle still remained unsolved. As the subject of caries was one with which I was but little acquainted, I naturally turned to the text-books for information. Among those consulted, Holmes' *System of Surgery* was the most explicit. According to this authority, caries of the long bones is, in the majority of cases, a self-limited disease, being generally confined to the cancellated structure, and in its treatment, drugs and operative measures are of small account compared with Nature's remedies—pure air and good diet—together with general strengthening treatment, and the correction of functional disorders.

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All this time, although pain was considerably relieved by the support given to the limb, the discharge still continued, and after the lapse of several weeks, the case was again referred to the chief surgeon for his decision. The great man unrolled the bandages, and gazed with a melancholy air at the oozing aperture of the wound and the somewhat boggy tissues which surrounded it. Evidently, the result so far, had not fulfilled his expectations. With a look and tone of genuine sympathy and regret, he informed me that I must submit to another operation—for the removal of the affected bone—a good deal more formidable than the previous one—in fact, as he expressed it, "a big job, a serious matter"—and, what made it worse, he would have to give me ether. He intimated, morever, that the business had better be got over at once. I was ready for anythir which promised to restore the usefulness of my hand, and I reposed implicit confidence in his sagacity and skill, but, as I was just on the point of changing my abode to one of the healthiest rural neighborhoods around New York, was there not a chance that, by waiting awhile, under improved hygienic conditions, nature might yet come to my relief? The doctor laughed outright at the idea. However, on my representing that I was only then recovering from a severe bronchial attack, which had greatly reduced my strength, he consented to a postponement of the operation for three weeks.

With this pleasing prospect to enliven me, I repaired to my new home, and there remained, not for three weeks only, but throughout the ensuing months of May and June, fortifying myself, as best I could, for the approaching inevitable ordeal. The affected limb grew less painful, but I did not remove the splint, and so knew nothing of its actual condition. At last, early in July, I made the dreaded journey to the hospital. The professor was absent at the time, but one of the younger physicians in attendance took off the long-worn wrappings, and found—no discharge, and the wound almost completely healed, in the healthiest manner! The process of destructive inflammation had stopped spontaneously, and, under favorable conditions, was unlikely to return; operative interference was no longer advisable, and the *vis medicatrix naturæ* had scored another triumph!

This was my last visit to the hospital, and I have had no treatment of any kind since. At present the affected limb hardly ever causes me a twinge, except upon forcible contact of the fingers with any hard substance, or when trying to rest on that side in bed. Prehensible power is partly restored to the hand, but it can grasp nothing, the metacarpo-phalangeal joints being still immovable as though anchylosed. Whether this is simply a paralysis brought on by long continued pain, or is due in part to cicatrical contraction following the incision, I am unable to decide. Of late, however, I strongly incline to the opinion that the case would have done at least as well, had it been properly diagnosed in the beginning and sole reliance placed afterwards on hygiene and the appropriate specific drugs.

But (and here comes in the moral of my story) let us imagine what might easily enough have happened, had I been a layman—viz., that, immediately after my last interview with the distinguished professor, as above described, I had passed under the care of some enthusiastic member of the I. H. A. A powder of the 50,000th fluxion potency of silicea (or something equivalent) would probably have been placed upon my tongue, and followed up by the patient exhibition of sach. lac., for the space of several weeks. Then an examination, if luckily timed, would have shown such a victory for the highest infinitesimals, as might have defied the scrutiny of M. O. T. himself! For, in this instance, the diagnosis was certain, and the prognosis (in the light of the Old School) surely quite as indisputable—since who, even if supported by a textbook, would have ventured to challenge the authority upon which both alike rested?

No one, I think, will affirm that incidents, more or less similar to this supposititious one, are likely to be at all infrequent.

G. L. F.

"OLD HAHNEMANN" COLLEGE—DR. WEAVER'S WONDERFUL DISSECTION.

During a recent trip to Philadelphia we took occasion to visit the new buildings of the Hahnemann Medical College and Hospital of that city, where we found the lectures in progress and about 200 students in attendance, and we are under obligations to the Dean, Dr. A. R. Thomas, and to Dr. Weaver, for courtesies extended to us on this occasion. The college authorities have shown their wisdom in the selection of the site upon which the present buildings stand, the location possessing every advantage that could be desired. It is central, being situated on Broad Street, one of the finest streets of the city, and one of its main thoroughfares, within two squares of the City Hall and the same distance from the Penna. and Reading R. R. Depots, convenient of access by all the city lines of street cars. Its proximity to the large factories and numerous machine shops of the city secures the hospital and clinics a large number of accident cases, 326 of which having been received and treated during the first year of the occupancy of the new buildings.

The dispensary building, temporarily used for hospital purposes, while the hospital buildings proper are in course of construction, is fitted with every convenience required for those purposes, all the wards being neat, light, airy and comfortable, whilst the clinical amphitheatre, in the upper portion of this building, is unexcelled in its advantages for light, comfort and convenience. The three buildings which will constitute the hospital proper when completed are now finished to the second story, and the trustees have every reason to believe that they will soon be under roof and ready for use.

The college building is an imposing piece of architecture, an ornament to the street, a credit to the city, and a pride to the profession. It is planned with special reference to its purpose, and is provided with every facility for convenient, thorough and systematic instruction in all the branches of medical knowledge. A portion of the basement is at present occupied by the various departments of the college dispensary, and a very busy scene may be witnessed here daily between the hours of 12 M. and 2 P. M., the average daily attendance for treatment of all classes of diseases being about 100. The chemical laboratory is fitted up with everything necessary for thorough and satisfactory work in the practical course of chemistry, and there is desk room for a class of 90. The library and reading room is well stocked, containing about 6,000 vols., besides back and current numbers of the various medical journals. The histological laboratory is a large room in the second story, well-lighted and well supplied with microscopes and abundant means for the practical study of histology. There are three lecture rooms in the building, all

well-lighted and convenient, and adapted to the accommodation of 300 students. The dissecting and operation surgical rooms are large, well-lighted and ventilated, and provided with every facility for the insurance of cleanliness. The museum extends through two stories, a gallery extending around the second story. It is well lighted both by skylight and side light, and is well supplied with casings filled with pathological and anatomical specimens, human and comparative, of great variety.

The most notable preparation in this collection is that of the cerebro-spinal nervous system recently finished by Dr. R. B. Weaver, Demonstrator of Anatomy in the Hahnemann Colleges. This specimen is unique, no similar preparation ever having been made before. It is a dissection of the entire cerebro-spinal nervous system displayed in one piece, all the nerves, both cranial and spinal, being traced to their termitral filaments. The brain alone, for obvious reasons, is not preserved, as this is a dry specimen. The dura mater, however, is retained entire, and, being filled with curled hair, its form is preserved, and it constitutes a *point d'appui* for a display of the cranial nerves as nearly as possible in their relative positions, which is accomplished by means of fine wires bent in conformity to the course and direction of the several branches and to which the nerves are attached. The eyes are also preserved with the optic nerves, the coats being distended with a hard injection. The membranes of the cord are laid open, exposing the roots of the spinal nerves. The nerves are stripped of all extraneous tissue down to the sheath, and the whole dissection is so admirably mounted as to display almost at a glance the whole system in detail.

Nearly five months of unremitting labor of from 8 to 10 hours a day were expended in the dissecting and mounting of this specimen. The difficulties to be overcome in the course of its execution were many and embarrassing. These were all finally surmounted, and the specimen, as now exhibited, is a marvel of beauty and an example of skill in dissecting rarely, if ever, equalled.

THE WESTBORO (MASS.) INSANE HOSPITAL.

During the two years of its existence it has reported a large and advancing rate of recovery, while other New England hospitals generally show a small and declining rate. What makes this the more noticeable at Westboro is the fact that among the 800 persons more or less who were admitted in the first two years not 400, or less than half, were for the first time admitted to a hospital; while nearly 300 were directly carried to Westboro from other asylums. It is a well-known fact that few recoveries occur among the chronic insane—those who have been a long time in that state are much less likely to recover than those who are recently attacked. The chances were, therefore, that the new hospital would have fewer recoveries to report than several of the old ones, in proportion to the whole number under treatment. Yet among less than 750 different persons under treatment up to October 1, 1888, at Westboro, 133, or more than one-sixth, were put down as recovered; while at Danvers, among 1500, hardly more than 140 recovered, and at Taunton out of 1150 only 109, and at Worcester among 1400 only 155 recovered. A part of this difference, but not a large part, is explained by the fact that Dr. Paine of the Westboro hospital reports the restoration of an inebriate to sobriety as a recovery, which the other superintendents do not. Thus among 628 different patients in the last year, Dr. Paine finds 78 recoveries of whom 12 were inebriates restored, leaving 66 recoveries from insanity among about 600 patients—or 11 per cent.

In another respect the Westboro report is peculiar—the work in pathology which it details, and the operations, successful or otherwise, performed there. This new State hospital seems to be the only one in which pathological work is now made public, and that in which it is pursued with the most zeal. It maintains a special pathologist, and in connection with the instruction there given to a class of medical students from Boston university, it utilizes this pathological work to good advantage. This class has averaged about 30 and has made five visits to the Westboro hospital, beginning early in November and closing on the 21st of December. This is greatly to be desired; for though there are objections to the clinical instruction of students at insane asylums, the advantages to the public far outweigh the evils; and the system pursued at Westboro seems to be a very careful and judicious one. It has the incidental effect of making the resident physicians more observant than they otherwise might be of all the phases in which disease manifests itself in an insane person. This, indeed, is required by the system of treatment here and to this, and the diminished use of drugs for sedatives and stimulants, must be ascribed any real increase in the number of recoveries under this system. Its friends claim such an increase; but only time can determine how justly.

VIVISECTION.

As Lord Macauly says, the public get their periodical fits of morality, which fits assume a very unpleasant and even dangerous tendency. Of late years, part, at least, of their morality has taken the form of a very vehement outcry against vivisection, and though the outcry has begun to die away, still sufficient of it remains to render a brief inquiry into vivisection desirable. Two main objections are urged against this system of cutting into the living body; first, what is the good of it, and secondly, that it is needless cruelty, giving fearful agony to animals and rendering the operators hard-hearted and callous.

The first objection has probably been urged against every reform since the world began, either in prejudice or positive ignorance—both of these have helped to formulate it against vivisection. A great many very good but hasty people would, no doubt, have refrained from opposition to the system, had they only examined and studied it carefully. The advantage in medicine and surgery which has been derived from vivisection—the almost incalculable benefits to the human race, the easing of suffering, and the prolongation of life, are facts which speak for themselves with no uncertain voice, and form an unanswerable reply to the question, what good.

Let me quote a few words from one of the professors of Cambridge, a man of great skill and equally tender heart upon this subject: "Our knowledge of the movements of the blood, our knowledge of the mode of action of the heart, and of the other processes by which the circulation of the blood is expected, of the functions of the nervous system, of the functions of the brain, of the several parts of the brain, of the functions of the spinal cord, of the several parts of the spinal cord, of every nerve which passes from the brain and spinal cord, of the influence of these nerves over every organ and structure of the body—over the heart, over the lungs, over the stomach, over the

pulse, over the skin, over the muscles, is almost entirely due to vivisection. The knowledge of the great processes of secretions, of the functions of nearly every gland and nearly every organ, is due almost entirely to vivisection. What has been the influence of this upon medical treatment? Almost all real great advances in medical treatment has been due to better medical knowledge, and that better medical knowledge is greatly due to the advancement of physiology. Take away the knowledge which we have received through vivisection, and conceive what a choas would be our knowledge of the human body and our ideas of the treatment of the human body." These are the dispassionate thoughful words of a true man of science, and such words are amply verified by facts. At best our medical men are groping in the dark, some of their greatest efforts are even now tentative. Yet within the last hundred years the science has made tremendous strides, much light has been shed upon dark places, many diseases successfully grappled with, and it may safely be affirmed that by far the greater part of this advance is owing to vivisection. It is a mistake to suppose that vivisection is quite a modern system. Galen practiced it, as did Ve-aling, and the periods between these two held many vivisectors. By vivisection Harvey discovered the circulation of the blood, watching the motions of the heart and great blood-vessels laid bare in living animals, and from that time operations which have saved millions of lives and prevented incalculable suffering have been possible, which previously to that discovery were practically impossible, in consequence of the fearful loss of blood from the cut or the severed member. Until by vivisection, it was known in what manner to secure the great vessels so as to prevent bleeding; the patient in nine cases out of ten died from loss of blood. By vivisection also Sir Charles Bell discovered the double function of the spinal nerves, and in *no other way* could he have discovered it; the sensory root, which gives the sensation of feeling, and the motor, which gives the power of volition. Without this knowledge we would know nothing of the cause or causes of paralysis—and this is but a single instance, while with it we can understand and attempt with some probability of success the cure of that disease. At the present day one of the most eminent vivisectors of Europe is Pasteur, and by means of vivisection he has discovered two of the most remarkable cures, or rather preventatives, on record. I need hardly say I refer to his inoculation for anthrax and hydrophobia by means of which not only thousands of human lives but millions of animals have been and will be saved from a cruel death. Proofs like these of the use of vivisection might be largely multiplied, but enough has been said to show how childish is the cry of what good is it.

The second objection is that it gives fearful agony to animals, and causes operators to become callous and hard-hearted. It is to be feared that this objection comes chiefly from a clan who have allowed a rather sickly and ignorant sentimentalism to usurp the place of reason and inquiry. Certain writers with the best intentions no doubt have fostered this spirit by declamations and diatribes against vivisection, as for instance Tennyson in "The Children's Hospital," where, however, he speaks of a very exceptional case, and Browning in "Tray," where he alludes to a very impossible one. The clergy too with probably the purest motives, but with very mistaken zeal, have long maintained a crusade against vivisection. Let us see how far the charge of cruelty hardening tendency can be really sustained. I will not commence by declaring the very dangerous doctrine that a small evil may be done that a great good may be achieved, or that the end justifies the means, but will rest upon broad facts, and first, I would ask are the sportsmen who cover the ground with dying game naturally hard harted men? Nay; is the innocent citizen who sets down to his dish of mutton which has been obtained at the expense of a very painful piece of vivisection a cruel and relentless monster? In your own experiences are the surgeons all of whom must have witnessed distressing cases, and some of whom have taken part in experiments on the living animals, callous and brutalized men? Who will dare to insult a noble profession by saying so? Is it not the motive and not the actual deed which hardens and renders cruel? The master who canes his pupil to make him learn, if no other way will avail with the boy, is not brutalized thereby, whereas the man who yields a favor simply to get rid of his petitioner is not likely to have his moral tone improved by that.

As for the agony to the animals themselves, there is no doubt that a great many very exaggerated stories have been promulgated, chiefly arising from the natural love of the horrible. I would be the last in the world to attempt to defend any unnecessary cruelty, or to say a word in extenuation of such agony as that called lethal, which some German professors are said to have inflicted on their subjects, but I may remark without any adequate proof. But the quantity of pain is in reality very small, a great deal of what is called vivisection is nothing more formidable than subcutaneous injections, which are in their effects little more dreadful than ordinary vaccination. The more serious operations are performed whenever it is possible under the influence of anesthetics. This is not a matter of choice, but a matter of law. The vivisector is obliged to obtain a license before he can vivisect, and before he will get that license he is obliged to state for what object he is going to operate, so that he must do it not for his own amusement, but for the benefit of science, and moreover, he must promise that whenever he can, he will employ anesthetics; added to this the actual number of licenses issued are very small. I can go on no longer, but I trust that even in this short compass, I have shown that vivisection is not useless, but most highly useful, and as civilization increases, and disease becomes more intricate, and as remembering that mental and moral degeneration too often accompanies physical degeneration, it will become more and more beneficial, opening the way to a wider and truer knowledge of the healing art; and I trust that I have shown, also, that little pain and no needless pain at all is inflicted, and that the results of the experiments is not to harden or render callous the human heart, and thus I hope if there be any who are inimical to vivisection, that if I have not converted them, at least what I have said will have the effect of inducing them to examine the subject somewhat more attentively.

Thoughts suggested by attending the post-mortem of a Russian boy, whose case before death was doubtful.

LENA PALMER.

ESTLANDER'S OPERATION.

GILLESPIE, POCAHONTAS CO., W. Va., *Feb. 8th*, 1889.

MESSRS. EDITORS: Can you inform me where I can obtain some information concerning Estlander's operation and the disease for which it is employed? I have never seen anything with regard to abscess of the pleura or Estlander's operation in the English text-books. If you

can tell me where I may obtain some information on the subject, please do so. If there has been any thing in relation to the subject published in your journal state which numbers contain the notices that I may send for them.

Yours truly, VINCENT SLAVIN, M. D.

Prof. Estlander, of Helsingfors, Finland, Russia, first operated according to the method named after him in 1877, and in the same year an article on the subject by him appeared in a Finnish journal. In 1879 he published two articles in the *Revue Mensuelle de Med. et de Chir.* (t. iii., Paris), the first containing a full account of six cases, with the method of operating, and indications for the same, the second a report of two cases in addition.

This operation, multiple exsection of the ribs, is employed in inveterate cases of empyema, with or without sinus. The prolonged chronicity of certain types of this disease, with the slow and fatal sapping of the patient's strength, is the special feature indicating its employment. The consolidation and retraction of the lung and the presence of a thick pseudo-membrane enveloping it may render abortive all attempts to close the cavity. The lung not being able to expand, the contraction of the chest wall, even with lateral curvature, and corresponding flattening of the affected side, are not always sufficient to close the cavity. Thus a secreting sack is maintained which will ultimately destroy life. Estlander pointed out that this condition was more likely to occur when there were few adhesions between the costal and pulmonary pleura. In these instances local treatment, such as packings, injections of various medicaments, are without effect, the only means of establishing a cure is exsection of the ribs, according to the plan suggested by Prof. Estlander.

The *rationale* of this operation is the removal of the rigidity of the walls of the chest over the suppurating cavity, and bringing the yielding surface thus produced in direct contact with the opposite or pulmonary surface, thus obliterating the sack. This is accomplished in the following manner: First, ascertain the extent of the cavity, carefully exploring it by means of a male catheter. Then sections of the ribs which lay over the cavity are removed, in the usual manner of performing that operation, the length of rib exsected varying with the extent of the cavity over which it lies and in proportion to its own length. As many as five or six ribs have thus been exsected. The limbered thoracic wall is then depressed against the contracted lung, thus the costal and pulmonary surfaces of the sack are brought in contact. These surfaces will become fastened and retained by cicatrical adhesions which will form before the reconstruction of the ribs from the retained periosteum. The formation of new bone may be retarded by packing the external wound with carbolized gauze, and allowing it to heal by granulation. In process of time the attached lung will assume a large proportion of its functional activity, and by inflation and expansion assist in the removal of the lateral curvature.

In the *Bulletins et Memoires de la Soc. de Chir.*, Paris, 1883, M. Berger cites fourteen cases of this operation, including the eight cases of Estlander already mentioned; of these four were completely cured, four very much improved, one improved and remained "stationary," one was not successful, and three died from four to six months after the operation.

In English literature, articles on the operation and reports of cases are found scattered through various medical journals, none, however, have appeared in this. Of the recent text-books of surgery the only one at hand which describes the operation is that of Gerster. (Aseptic and Antiseptic Surgery. D. Appleton & Co., New York, 1888.) This surgeon reports two cases of his own upon whom he had operated with complete success; the ribs formed again, the respiratory murmur returned to the affected lung, and even the deformity of lateral curvature disappeared. Throughout antisepsis was employed in these operations. E. G. R.

DISCRIMINATION AGAINST AMERICAN DOCTORS.

I wish to call your attention to the manner in which the medical profession of this country is discriminated against and in favor of foreign medical men.

During the last ten years the subject of medical education has been discussed until its importance is so fully recognized that a majority of the states in our Union have passed laws organizing Boards of Health, whose duty it is to see that only qualified men are licensed to practice medicine. They have the power to refuse licenses to those who can not present a diploma for some reputable medical college *in this country*. They can also refuse to grant a license to physicians—to those guilty of unprofessional conduct—and to revoke licenses already given.

But there remains one gross injustice to the profession which has not been remedied. While the Boards of Health are so careful not to recognize the diplomas of certain colleges *in this country*, they are ready to recognize almost any diploma which has been given in foreign countries.

Nine-tenths of all the quacks and charlatans in this country are foreigners. They bring with them certain papers which are called diplomas. Some of them are granted by institutions which would not be recognized if existing here, but such is the reverence which certain Americans have for any foreign parchment that these diplomas are received without question

A diploma from no matter what medical college in the United States is not recognized in England; whereas, any qualification from England in nearly all the States of America appears to be sufficient to entitle the holder to practice medicine, surgery, midwifery, etc., without an examination of the branches of medicine or surgery he failed to pass upon in England, and without a qualification so to practice.

The *Medical Record*, of New York City, in a recent editorial, states that lately there has been a great influx into that city of German physicians, who enter into competition with American medical men by means of excessively small fees.

It charges that these foreign interlopers are boorish and ignorant, and adopt the reprehensible methods of advertising quacks to gain practice.

Is it not time that something should be done by the Boards of Health or by the State Legislatures to protect American physicians? If in England and continental countries the diplomas of our reputable medical colleges are not recognized, should we not refuse to recognize theirs?

Chicago, Febuary 11, 1889. EDWIN M. HALE, M.D.

A WINTER HEALTH RESORT.

Dr. P. T. Schley, writing from Albany, Ga., says, that as a winter health resort for invalids suffering from tuberculosis, bronchitis, dyspepsia and kidney affections, there is *no place* in the South better adapted for them to sojourn

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during the time inclusive from December 1st to June 1st than the pleasant little town of Albany, Georgia. Here they will be protected from the chilling breath of old Boreas, which prevails during those months in our sister states of the North. Here the atmosphere is balmy and dry, full of ozone and oxygen, just suited to lung troubles of every description. The sky *is as blue* and the sunsets *as lovely* as any one can see in far-famed Italy. The mean temperature in winter is 50 degrees, and in summer only 78. There are two hotels, which will be ample until Albany is better advertised, and, as it is now "tourists point," reduced rates from the principal cities North, it will soon become famous.

OBITUARY.

DR. DANIEL L. EVERETT was found dead in his bed January 25th, probably from disease of the heart. Dr. Everett was a man of retiring habits but an excellent practitioner and much beloved by his patients.

DR. JOHN CALL DALTON, the eminent physiologist and president of the College of Physicians and Surgeons, died at his residence in this city, Tuesday, February 12, at the age of sixty-four. Dr. Dalton was principally known as a teacher of physiology, and gained a wide-spread reputation early in life by his work on physiology, which for many years was the leading text-book in nearly all the medical colleges in the United States.

DR. WILLARD BLISS, of Washington, the physician of President Garfield at the time of his death, died from paralysis, February 21st, aged 64 years. Dr. Bliss was a surgeon in the army, and during the war assigned to duty in Washington. The Armory Square Hospital was built under his direction. Dr. Bliss shortly after the war introduced "cunderango" as a specific for cancer, but failing to stand the test of experience it soon dropped out of use.

SOCIETIES.

NEEDS OF MEDICAL SCIENCE.

Dr. Alfred L. Loomis delivered an able address on assuming the Presidency of the Academy of Medicine recently, from which we quote as follows:

I desire this evening to speak to you of "The Present Needs of Scientific Medicine in this City," and through you to the noble and broad-minded men and women whose hands and hearts are in every enterprise that tends to make our city the center of material power, art, science, literature and human charity.

It were, perhaps, more fitting on such an occasion as this to indulge in mutual congratulations, rather than in criticisms, to recall battles won, storms that are past, and to speak of the brightening skies that overarch our present successes; but to those who battle for science the time for congratulations comes only when there are no new problems to be solved, no more wrongs to be righted, no faults that may be corrected, no needs that may be supplied, no new fields that may be explored, where faithful workers may perform greater achievements than have been reached in the past—surely no one who reads with intelligent insight the lessons of the past quarter of a century, and who realizes the necessities of scientific workers in every department of human knowledge, can fail to be impressed with the conviction that a higher and broader culture is needed in those who are entering these fields of labor, and in no one is this more apparent than in that of medicine. That there have been great advances in this respect during the past twenty years few will question, but that the standard is still far below what it should be is equally apparent.

The remedy for this is somewhat difficult to reach; certainly the entrance examinations to our colleges which have been proposed do not solve the problem. It seems almost ridiculous that a few questions in mathematics, the elements of physics and the rudiments of language, less difficult and less comprehensive even than those required for entrance into our academic colleges, can be a satisfactory criterion of a candidate's fitness to commence the study of medicine. It is to be remembered that a quarter of a century has wholly changed the relations of human knowledge, and that the natural sciences have become the chief factors in our modern civilization. Medicine which once relied upon authority and tradition is now rapidly seeking for its basis the natural sciences. Medical students, of all others, should have a special education in these sciences. So long as a special training is not required as the important part of the preparation for entering upon the study of medicine, so long will the instruction in our medical colleges be incomplete and unsatisfactory. Defects in early training can not be made good by excellence of professional teaching, mental equipose, keenness of perception; analytical acumen and intellectual power of differentiation between fact and fancy can not be developed after the mind has become dwarfed during its years of plastic growth. To make cultured physicians, our colleges must be furnished with cultured men. The remedy then lies more in the hands of the profession than in the colleges—when the profession shall realize their responsibility in this matter and shall refuse to send to medical colleges or advise to enter upon the study of medicine men devoid of natural talents, mental discipline and intellectual power, then will the colleges be furnished with material capable of receiving the instruction which they have to give.

In England and on the continent the higher general culture of the profession has so influenced the mass of medical men that no uneducated man thinks of studying medicine. This is the first demand which medical science makes of us, that our sense of personal responsibility be more keen; and with a courage born of conviction, and strengthened by the nobility of our calling, we hesitate not to say when occasion permits, "You are not fitted to be a physician, choose some other path of life." When we stand ready as a body to answer this demand, then, and not until then, will it be possible for our colleges to do that high grade of scientific work which is justly demanded of them. For while we are justly proud, and have ample reason to congratulate ourselves on the many advancements that have been made both in graduate and post-graduate instruction in our city during the past twenty years, and while we are fully abreast if not in advance of our sister cities in this matter, we are still far from meeting the demand of scientific medicine. To fully answer its demands the teaching bodies in our colleges must be placed on a higher plane—they must be separated from the financial interests of the colleges, vacancies in the corps of instructors must be filled by fair competition, thus

stimulating the younger members of the profession who desire to make teaching their life work to prepare themselves by study and training to fill vancancies in our faculties as they shall occur. The curricula of our colleges must be so extended and sub-divided that not only will a larger number of instructors be needed, and longer sessions required, but what is of far greater importance, that those who teach may by personal and familiar contact gain such intimate knowledge of each student, and firm control of his mental processes as will enable them to become teachers, in the good old Latin sense—to be educators and not simply instructors pouring out their daily dole of wisdom into unreceptive ears.

All the facilities for laboratory work, original research, pathological study, clinical observation and bedside instruction must be systematized and largely increased. In fact, our medical colleges must be turned into workshops of scientific medicine—with skilled master workmen in every department to guide, to lead and if necessary to goad the young apprentice through his daily round of labor, until perfected he shall go forth fully prepared to take an honorable place among the masters of the land. Not only should our colleges be thoroughly equipped with teachers and appliances for the training of undergraduate pupils, but they should be prepared to give well-trained men, after they have completed their graduate course, facilities for study and experimentation in new fields of investigation.

Our laboratories should be so endowed that scholars of rare ability, who are every year coming to our city for more knowledge, may not only have places to work in, but means to work with.

Why is it, then, that in New York City, the center of all honorable activity, where wealth groans for an outlet, any institution of human learning should be unable to do good work for the lack of money to do better? Why is it that men of wealth do not realize their great opportunities for wise liberality in this direction, liberalities which will not only shed lustre upon themselves and our city, but will mitigate the sum of human misery as certainly and in many ways far more effectually than our hospitals and charities for the sick and suffering poor? My answer to these questions is, that the medical profession does not, as it should, direct the stream of accumulated wealth into this channel. Does any one doubt that if the profession would unitedly urge the great and pressing needs of our educational institutions upon generous-minded men and women, they would respond as liberally as they have done for the erection and endowment of hospitals and dispensaries. If educated men and women, by their words and writings, would create a public opinion that a higher education in every department of human knowledge is the only lasting glory of a great city, that mental development is more to be desired than material prosperity, and that next to religion education is the great cornerstone of our civilization, then would science break the bonds which now bind her, and be able to offer to knowledge-seekers who come to us from every portion of the civilized world, equal facilities for growth and development as are at present furnished by the centers of learning in the old world. History tells us that the greatest glory of ancient cities, long since buried in ruins, was their universities and lyceums, founded, reared and fostered by the patronage and intelligent generosity of wealth and power.

It is hardly possible to believe that this great city will much longer remain uncaring and unconscious of her greatest glory. The noble gifts which have been made during the past few years to educational institutions, and especially to medical colleges, inspire the hope that the stream of emotional benevolence for the sick and suffering is being turned into intellectual channels for higher educational needs, and may we not believe that in the near future this city shall produce a class of medical men of broader culture who shall enter on their life work from a higher plane, carrying with them to the couch of suffering better skill, greater devotion and a more comprehensive realization of the nobility of the work which they have given themselves. In this connection there is need of the establishment of scholarships, fellowship and independent lectureships, which shall enable scholars of limited means to engage in scientific work. It is a part of history that as a rule the most faithful and efficient scientific medical work in this city has been done by men who in their earlier professional life had only such opportunities as they made for themselves, who were hampered, often almost to the verge of despair, by their lack of means. While appreciating most fully the value of adversity in developing character, I believe it may be carried too far, and that many stewards of idle millions will one day give an account for their failure to supply abundant means whereby brilliant men may be enabled to developed their full powers for the benefit of science and the common good. There should also be created a public medical opinion which shall cause scientific attainments to become so much more honorable than mere professional success, which so often depends on social rather than mental powers, as to induce young men of wealth and intelligence to devote their lives to study and research. Such work might well be done in connection with our colleges or under the auspices of our medical societies. If there were twenty such places of work to-day, I am confident they would be quickly filled by enthusiastic and intelligent workers; and who can estimate the amount of good that would be done each year, and the great influence it would have in unveiling the obscurities which surround so many of the vital problems now pressing upon us for solution in almost every department of medicine.

Medical men need a "clearing house" as much as do the banks; they need an exchange where each may bring the results of his work, and learn what his fellow-worker may have done in way of support or opposition; and most of all we need a controlling spirit, a head to plan lines of attack, to bring together the scattered forces for their own and the general good. It is my ambition to see the academy occupy this position, standing as the center about which all the workers of our city may gather, giving them in return loftier ideals, inspiring in them stronger ambition to be truly scientific men, while it not only encourages, assists and stimulates them to better work, but also rewards every praiseworthy achievement. In order that our academy may thus become the center of the scientific activities of the entire profession it must have a suitable home—a building that shall furnish accommodations for a large and well-selected library, with reading rooms, and commodious meeting rooms for all the medical societies of the city. Such a building the academy is now struggling to establish. Our organization is no longer an experiment—it has passed successfully through the perils and contentions of its infancy, childhood and youth, and is now entering its full manhood. The spirit of devotion to a high scientific purpose which actuated its founders and which has always been one of its characteristics, has

caused it from year to year to grow in professional esteem and public confidence until it may truly be said that it is the strongest power in this city for the advancement of scientific medicine. It has outgrown its building accommodations: its library can no longer find shelf-room and is constantly exposed to destruction, the building not being fire proof. Its sections crowd upon each other to such a degree that their work is crippled. It is unable to do the good work it might do on account of its limited space. The need of a new academy building with a fire-proof section for our library is an urgent one, and if we shrink from our responsibilities in this matter, we shall prove false to the legacy received from those who gave so much of labor and sacrifice to bring it to its present growth and usefulness. As we recall the many distinguished men with whose lives it is interwoven, and who did so much to make it a center of medical thought are we not stimulated to greater endeavors, to greater sacrifice, to an energy akin to enthusiasm which never rests until it has realized the great thoughts and possibilities which gave it birth?

What has already been accomplished gives assurance of ultimate success; never before have its fellows been so united in opinion as to immediate necessity of a new building. The academy funds, with the pledges of money which have already been received, leave little doubt that before another twelvemonth it will have a new building in every way adapted to its scientific work. To the accomplishment of this, let each fellow give himself heartily, not only by contributing himself, but by interesting his friends and gaining donations from them, for, as has often been stated, each citizen is personally interested in everything that shall advance medical science. If the profession in this city can have free access to a large and well-selected medical library, with a scientific center where they can contribute new observations, new facts and new methods of treatment, subject to the criticism and judgment of their peers, and where each one shall criticise in a scientific spirit the offerings of others, the public will secure in their medical attendants greater skill, more careful and intelligent observation; and as the medical profession as a body shall rise to a higher plane of scientific worth, the sick will turn less frequently to empirics for relief in their hours of suffering and in their struggle with disease.

It seems hardly possible that intelligent wealth, whether selfish or broad-spirited, with such and kindred thoughts before them, will long hesitate to furnish the required means not only to build a new academy building, but for so increasing its library that it shall become the central attraction for scientific workers in our city and the whole country.

STATE HOMŒOPATHIC SOCIETY.

At the late annual meeting of this society Dr. Wm. Tod Helmuth, its worthy President, delivered two addresses from which we make the following abstracts:

This society has grown to be an august and honorable body—knit together for the purpose of maintaining, propagating and protecting homœopathy in this State. Driven by the persecutions of the Old School sect in years gone by, the believers in homœopathy found it necessary, not only for protection but for scientific advancement, to establish a separate organization. It has grown to be a power in the land—a power which by judicious management and careful manipulation will exert a great influence on the health of the people in this commonwealth, not only as far as actual medication is concerned, but in developing a more certain knowledge of hygiene and sanitary science, which as preventatives are even of more import than the prescribing of medicines.

The questions to be discussed in the coming days of this meeting are of more gravity than usual. They embrace among others, that important one of State medical legislation and our proper recognition as a medical body with equal rights and privileges with other medical sects now in existence in this State. The times of eternally bragging concerning what we can do and what we have done are passed. The stirring up of controversy between ourselves and with the Old School is a thing—though not forgotten needs no further notice from the homœopath. The doctors are sick of it and it is stale to the public. Such methods of bringing homœopathy to notice are both undignified and out of place in those who are sure of their position and homœopaths are now sure and certain of theirs. Therefore, what is demanded by us of our legislature is that it inquires fairly and without preference into our position social, medical and political; let it understand how large a number of persons in this commonwealth are satisfied to be treated when they are ill by the homœopathist: let it ask for the regularly kept statistics of our hospitals; let us look into the examinations made by our colleges; let it test the capabilities of our teachers, and examine the results of our practice; and when these facts are brought before it without palaver, even without compliment with a plain reliance on our side in truth and justice, I am convinced that the common sense and a disposition to do right on the part of our lawgivers will award to our committee just what its members deem fit to ask in this important matter.

A homœopathic medical examining board is not demanded as a means of dividing the medical profession; its establishment will have no influence in that direction. Doctors will always fight in every school and in every department of every school—it is asked for the accomplishment of higher and nobler objects, namely, to preserve the public health and to shield the people of this commonwealth from the inroads of quacks and charlatans. These are the great objects to be obtained by the passage of our bill, and they stand on a plane so much more elevated than the settlement of polemical medical questions that the two ought not to be discussed together.

There is in medicine something higher and better than the mere methods of the administration of drugs, the cultivation of bacilli or the regulation of medical societies—it is, simply, the relief of suffering. All other questions are secondary. The next reason of import in favor of our Homœopathic Examining Board is the protection of our own graduates, in securing to them a fair and impartial examination. The tide of persecution by the old sectarians is abating, and the violence of their invectives is no more, but there yet remains something instinctive in the allopathic mind, which is prejudical to homœopathy; it has been ground into it by the wheels of time and pounded into it with passing centuries, and even now, when many of the more liberal-minded begin to acknowledge our position. Yet, gentlemen, remember,

> You may break, you may shatter the vase if you will,
> But the scent of the roses will hang round it still.

This can't be helped, and even with a disposition to be fair, it is so easy in a medical examination for the examiner to have things mostly his own way, that a homœo-

pathic student, being examined by an allopathic doctor, could be easily plucked without any qualms of conscience on the part of the questioner—indeed, he might say it was done fairly. It is on these accounts, for the present at least, that we must have our own board.

In regard to the recognition of the best of our literature in the index of the library of the Surgeon-General at Washington, the committee appointed for that purpose have taken wise and judicious steps in bringing the matter before our national body, where, indeed, it properly belongs, but I trust from the action that will be taken we shall have cause to congratulate ourselves that our society was the first to call the attention of the school to so important a recognition, which, if established, will be of great service to those who come after us who desire to understand the work done by the earlier homœopathists.

I am a sectarian in religion, by creed a Protestant, and yet, I hope, a Christian.

I am a sectarian in politics, by creed a Republican, and yet, I hope, an American citizen.

I am a sectarian in medicine, by creed a homœopath, and yet, I hope, a physician.

In religion my peculiar belief in points of doctrine and other theological minutiæ does not debar me from all the rights of Christianity.

The direction of my suffrage does not prevent me from availing myself of all the privileges accorded by the Constitution to a citizen of the United States.

The manner in which I prescribe my medicines for the sick confided to my care does not or can not eject me beyond the pale of the medical profession with all that thereunto belongs.

These avowals are made without any idea of advancing personal beliefs; they are intended to be purely illustrative of conditions which surround every thinking man in the community, and because in medicine alone can be found the thaumaturgical illustration of a fanaticism which would disown a brother because *he is sectarian*.

Sectarianism, gentlemen, is the offspring of originality and in many cases the guardian of progress. It has cast down the idols of Paganism, it has overthrown a beautiful but heathen mythology and sent the sun of Christianity to brighten and redeem the world. Its spirit has made this country, in all its magnificence, what it represents to-day before the nations of the earth, and it has already begun a revolution in the medicine of the nineteenth century which is palpable to every one who can discern the signs of the times, and of which the end is not yet.

We must, however, discriminate between sectarianism and fanaticism, for in the latter tyranny always forms an important element, and tyranny brooks no opposition and renders argument a torment; it commands all men to bow down before its idols and would crucify every dissenting spirit.

But you are told to-day, that because the homœopathists are "*sectarian*" they can have no fellowship with the so-called regular practicing physicians of this country.

Dr. Austin Flint, a man in authority, plainly says: "If the homœopathic practitioners abandon their organization and the name, provided they have received a regular medical education, there need be no restrictions in consultation, other than those belonging to other portions of the code." (*New York Medical Journal, April* 7, 1883.) Similar conditions of renunciation were demanded of the early Christians before they were cast into the arena to fight with the beasts at Ephesus. Such revocation of belief Tertullus, in his oration before Festus, would have exacted from Paul when he was accused of belonging to the hated *sect* of the Nazarenes, and is exactly what England demanded of our colonies when they decided to abide by the newly-formed Constitution of the United States.

It is not necessary here to refer to those early centuries where, in "Antioch, the Beautiful," the name "Christian" was given to the followers of Christ, or to those troubulous times later in the world's great history, when Luther defied the supremacy of the Pope by burning the papal bull before the gates of Wittenberg; and yet, again still later, when this country declared itself a free and independent nation, asserting, in the words of Mr. Jefferson, that "all government derives its just powers from the consent of the governed."

These are all established historical facts in the professions of theology and law. But in the profession of medicine it remains yet to be recorded, the manner and forces which combined to render the homœopaths *sectarian*—this being the great obstacle now urged against the followers of Hahnemann. To do this satisfactorily, the fact must be acknowledged that at present there exists an Old and a New School of medicine—the former august, ancient and honorable, having enrolled within its archives the names of some of the noblest and most earnest men of the times in which they lived, single eyed and humane, walking with rectitude in the paths they believed to be true, clinging with tenacity to their traditional notions, watching with suspicious eyes the advance of any new doctrine tending to conflict with the established precepts of their school and resenting with animosity any breakage of its written or unwritten laws. On the other hand there is a *New School* of medicine, of which we claim to be members, and of which this society is one of the exponents, young and energetic, that, instead of resting its practice on the traditional medicine of experience, has a scientific law to guide its therapeutics; that has been bold enough to face a storm of persecution and abuse, which indeed was to have been expected from its ancient and vindictive mother, and now, as our colonists of old believed in a new constitution and declared themselves independent, fought for the principles they professed, and have acquired a recognized position among the nations of the earth, so this New School, now passing through its ordeal of trial and persecution, has acquired a status as a system of medicine which can not be overthrown—sectarian if you will, but honestly and honorably sectarian in every particular.

Do not understand me to imply by these words that the homœopathic school is perfect or that those who believe and practice according to the formula *similia similibus curantur* are by any means superior, as a class, to those who deny its verity. There exist to-day as much bigotry and intolerance in the one school as in the other (considering the difference in age and the comparative numbers of each). There is as much jealousy and rivalry, there are proportionately as many good and bad men in the one school as the other, simply because we are all of the stock of Adam—human. The difference between the schools lies here. The New School professes to follow, *whenever it is practicable*, a method of cure based upon a certain law which we claim renders its practice scientific, the Old School follows the experience of its great men, which necessarily produces a practice often successful, but nevertheless variable and uncertain, for the deductions from experience differ in different minds.

It is on this account—I mean the belief in the formula of

similars—that we are termed "sectarian," by the majority of physicians, who appear to forget the process by which this sectarianism—if it be such—was created, and which has now grown to such gigantic proportions that it can never be overthrown. It stands forever on the rock of truth.

Dr. Helmuth then proceeded to demonstrate, by references to historical data, and by citations from the allopathic literature of thirty-five years ago, that it was the fierce and libelous attacks upon the doctrines of Hahnemann by the regulars, and the persecution and ostracism suffered at their hands, which forced those dissenting from the tenets of the Old School to unite for mutual protection, and so formed a "sect."

While it is not probable that advances will soon be made by either school toward unity with the other, the old bitterness, intolerance and bigotry are rapidly dying out. The Old School has discovered that there is no orthodoxy in medicine. In fact the Old School are gradually coming to make use more and more of the homœopathic materia medica, and to employ not only homœopathic therapeutics, but homœopathic posology as well.

At the same time the homœopaths are not undivided. There are two distinct sects. While one believes implicitly in the formula *similia similibus curantur*, it also believes that it can not always be applied; first, because the materia medica is imperfect; second, because their knowledge of it is often insufficient, and if they are unable to find the *similimum*, they prescribe what best they can obtain from the experience of any other school. To this sect, Dr. Helmuth declared himself to belong.

The other sect believe in the universality of the homœopathic law and its never-failing application, and that all other methods must be abjured. So the two sects are themselves often at variance. The homœopathist condemns the Hahnemannian because he uses the high potencies, calling him a spiritualist and an exclusionist, while the latter damns the rationalist and calls him a radical and a mongrel. And while thus they tug they shout in chorus the lines of the good old hymn, with but a single word of alteration, "The dose, though all hell should endeavor to shake, I will never—no, never—no, never forsake."

Dr. Helmuth closed with an eloquent tribute to the dignity of the medical profession and a plea for mutual toleration and charity between the two schools. He said:

"The area that medicine covers to-day is so immense that its contemplation alone is a matter of time and difficulty. Its tentacles extend in every direction and draw into it, either immediately or remotely, so many abstract sciences that the thoughtful scholar must stand amazed at the boundless realms before him. Both as a science and art its antiquity unfolds the wisdom and learning of centuries, and its archives are ablaze with the names of the illustrious men of past and present generations. But its dignity and its beauty rest not either in the magnitude of its properties, its antiquity or the immensity of its knowledge. Above all these and shining through the vista of the ages, shedding a benignant light over all systems, all controversies and all schools that have existed, purifying the errors, which have been many, and illuminating the good, which has been great, is that grand catholicity of purpose which from the time of Hippocrates to the present has focused all its efforts upon one great object, one almost divine purpose—the relief from suffering of that being whom God created in his own image.

So long, my friends, as strong minds—minds that reason for themselves—exist in the medical or in any other profession, there will be a difference of opinion regarding uncertain and variable points of doctrine. It has been history of the past; it is the history of the present, and it will be the history of the future.

Unity between the schools as they exist to-day can never be accomplished by legislation; it can never be brought about by controversy, and still less by the abnegation of a name, but it can be developed by that high degree of knowledge, that cultivation of the mental faculties, which in its perfection is able to eliminate self from science, and can allow each school to freely and frankly acknowledge the good existing in the other. Then, both possessing that unity of purpose which has always formed an integral part of the medical profession, each will grant to the other the unrestrained right to accomplish the great end as conscience and experience may dictate, and a harmony will result, which will not only redound to the honor of the profession, but for the good of suffering humanity."

TRANSLATIONS, GLEANINGS, ETC.

Ten Good Things to Know.—1. That salt will curdle new milk; hence in preparing milk porridge, gravies, etc, the salt should not be added until the dish is prepared.

2. That clear boiling water will remove tea stains and many fruit stains. Pour the water through the stain and thus prevent it spreading over the fabric.

3. That ripe tomatoes will remove ink and other stains from white cloth; also from the hands.

4. That a tablespoonful of turpentine boiled with white clothes will aid in the whitening process.

5. That boiled starch is much improved by the addition of a little sperm salt or gum arabic dissolved.

6. That beeswax and salt will make rusty flat-irons as clean and smooth as glass. Tie a lump of wax in a rag and keep it for that purpose. When the irons are hot, rub them first with the wax rag, then scour with a paper or cloth sprinkled with salt.

7. That blue ointment and kerosene mixed in equal proportions and applied to the bedsteads is an unfailing bed-bug remedy, as a coat of whitewash is for the walls of a log-house.

8. That kerosene will soften boots or shoes that have been hardened by water, and render them as pliable as new.

9. That kerosene will make tin tea-kettles as bright as new. Saturate a woollen rag and rub with it. It will also remove stains from varnished furniture.

10. That cool rain-water and soda will remove machine grease from washable fabrics.—*Sanitarian.*

Where Has 'Opkins Gone?—*The Hospital*, of England, states that nurses in hospitals are rather apt to lay too much stress on the advantages received by the patients and their duty of thankfulness, but still it is the poor soldier who suffers most from it, and always has the causes to be grateful flung in his teeth. Witness the following true story: Chaplain—So poor Hopkins is dead. I should have liked to speak to him once again, and soothe his last moments; why didn't you call me? Hospital Orderly—I didn't think you ought to be disturbed for 'Opkins, sir, so I just soothed him as best I could myself. Chaplain—Why, what did you say to him? Orderly—"'Opkins," sez I, "you're mortal bad" "I am," sez'e. "'Opkins," sez I, "I don't think you'll get better." "No," sez'e. "'Op-

kins," sez I, "you're going fast." "Yes," sez'e. "'Opkins," sez I, "I don't think you can 'ope to go to 'eaven." "I don't think I can," sez'e. "Well, then, 'Opkins," sez I, "you'll go to 'ell." "I suppose so," sez'e. "'Opkins," sez I, "you ought to be wery grateful as there's a place perwided for you, and that you've got somewhere to go." And I think'e 'eard me, sir, and then'e died "

"SURGICAL MEMORANDA."

By Arthur T. Hills, M. D.

Surgeon to Ward's Island Hospital and to the House of the Good Samaritan Diakonissen, New York.

Laparo-Colotomy.—It would seem that colotomy is a justifiable proceeding in cases of cancer of the rectum. Mr. Benton says, "by colotomy the patient's life is prolonged, and the pain is immensely relieved." Allingham has performed colotomy sixteen times for cancer, and says he has never had occasion to regret it in a single instance.

Amputation of the Entire Upper Extremity.—M. Paul Berger, Paris, is the first to describe this amputation at length, and it is rather surprising that no method of amputating the entire upper extremity, that is of the arm, with the scapular, and more or less of the clavicle, should be described in any of our works upon surgery. Paul Berger has recently published a treatise on this subject. He divides the operation into three stages:

First Stage. Resection of middle third of clavicle.

Second Stage. Securing the vessels.

Third Stage. Cutting the flap, and removing the limb.

Indications for the operation:

I. Tumors of the scapular, necessitating the removal of the greater portion of that bone.

II. Tumors of upper end of humerus.

(*a*). Benign, if of such excessive size as to render amputation at the shoulder impracticable.

(*b*). Malignant, developed so far as to englobe the articulation; to invade the scapular or the muscles passing from it, the skin over the deltoid and above all the lymphatic glands of the axilla.

Traumatic Cases. These are commonly operations of necessity, including such injuries as gun and cannon shot wounds, with extreme shedding and laceration of integuments round the shoulder; machinery accidents, causing extensive laceration and comminution of bones, and tearing away the entire limb. The work of Paul Berger is based on a full critical revision of all the literature and reported cases on numerous experimental observations on the dead subject, and on the experience of a case of his own. His method has decided advantages over what has hitherto been done, combining the greatest security against accident by a well-arranged order of procedure, first, by including the treatment of the large vessels, and, second, fashioning the flap and removing the limb. D. Bennett May, Surgeon to the Queen's Hospital, London, has performed this operation upon two cases with very remarkable success.

Excision of Neoplasms.—The rules laid down as to the excision of neoplasmata by Dr. Gouley are in substance the following:

1. A suspicious neoplasm, susceptible of excision, can not be removed too soon, and the earlier the operation the greater the chance of prolonged immunity.

2. In the excision of malignant neoplasmata as much of the neighboring apparently healthy tissues should be sacrificed as possible.

3. Immediately after the excision of malignant neoplasmata careful search should be made for diseased lymphatic ganglia in the vicinity, and all removed.

4. Excision of multiple malignant neoplasmata is contraindicated, particularly when many lymphatic ganglia are invaded, or when disseminated in hundreds upon the surface of the body. If, however, there be a very large growth, seriously interfering with a vital function, the excision is surely warranted, as a temporary benefit to the sufferer.

5. When a malignant growth ulcerates, and this necrotic process and consequent putrescent discharge become a source of exhaustion, the growth, if it is accessible, should be removed at once, as by this means the patient's life is rendered more tolerable, and is even prolonged many months.

6. When hæmorrhage from a malignant growth threatens life, the diseased mass, if within reach, should be extirpated without delay, to prevent sudden death from a great loss of blood, though the general infection be such that there is little hope that the patient will live more than a few weeks.

7. When an ulcerated malignant growth involves a large cutaneous surface, a cutting operation being contraindicated, applications, cataplasms, soothing lotions, deodorizers, etc., should be made to relieve the pain.

8. Whenever its locality and other circumstances are favorable, the whole wound resulting from a malignant neoplasm excision should be cauterized as fully as possible.

Treatment of Stricture by Electrolysis.—The method of the treatment of stricture is becoming much used by some of the specialists in electricity, and is praised by many of them, while others prominent in the field of genito-urinary disease, deny its efficacy in toto, and consider the cases supposed to have been cured by it, not to have been cases of real stricture at all. Dr. Edward L. Keyes, in a recent paper upon the subject entitled, "The curability of urethal stricture by electrolysis," denies that it is a potent agent in real stricture, that he had sent cases for experiment to Dr. Rob't Newman whom we had learned to look upon as almost the pioneer in the treatment of stricture by electrolysis, and that they were not benefitted by the treatment, and that he considered it a dangerous method of treatment in the hands of the unscrupulous and of quacks. Dr. Newman, in his answer to Dr. Keyes, says that the case particularly referred to by Dr. Keyes as unsuccessful, was one in which at the first sitting he could only pass a No. 9Fr. sound, and when Dr. Keyes saw him gain a No. 17Fr. could be passed, Dr. Keyes withdrew the case at this time, alleging that it was a failure. Dr. Newman says he is unable to conjecture why the case was withdrawn when improvement was going on, as shown in the size of the sound he was enabled to pass, and of course could not hold himself responsible for a case withdrawn *against his consent*, before the completion of a cure. Dr. Newman reports something like two thousand cases treated by him successfully. It can not be supposed that those not expert in such cases can possibly have the success of one like Dr. Newman who is an accepted expert, and those of our readers interested particularly in this subject would do well to send to Dr. Newman for his monograph upon the subject. In the *International Journal* of Surgery and Antiseptics in an article entitled, "Why Electrolysis Does Not Succeed in All Hands," by Dr. Meier, which we also most cordially recommend to our readers.

MISCELLANY.

—The net debt of the city of Berlin is but little over $4,000,000; that of New York is over $100,000,000. The former is moderately taxed, clean, well built and excellently governed; the latter outrageously taxed, filthy in the extreme, and badly governed. Why?

—The Governor of Florida has called an extra session of the Legislature to establish a State Board of Health.

—Dr. Sternburg shows that the bacilli claimed to be those of yellow fever are really micro-organisms found in healthy nutrition.

—The extirpation of Goitre was formerly considered so perilous an operation that Dr. Gross in 1864 said it was "horrid butchery," the mortality up to that period being forty per cent. Dr. Kocha reports 250 Goitre extirpations during the past five years with only six deaths or a mortality of 2.4 per cent.

—A club called the Torrey Botanic Club is making a strong effort to establish a public botanic garden in this city in one of the new parks. If the city would make the necessary appropriation to equip and maintain the garden the act would meet with general favor.

—The Post-Graduate Hospital on 20th Street has made large addition to its hospital facilities. No. 222 will be occupied as a babies' hospital, the former babies' ward being converted into a lying-in department.

—*Kussmane* says that no man who works in quicksilver in the manufacture of looking-glass ever contracts syphilis.

—The State Board of Charities in their annual report state that the ratio of increase of insane during the past eight years is a little over 48 per cent., while the increase of population is only about 19 per cent.

—Surgeon General John B. Hamilton has resigned the editorship of the *American Medical Journal.*

—Dr. Clarence M. Paine, of Albany, has gone south for the purpose of locating in a warmer climate.

—Dr. Strong, Chief of Staff of the W. I. Hospital, reports 766 patients under treatment during the month of January, with a mortality of 1.83 per cent. Applications for positions upon the House Staff should be sent at once to Dr. Alfred K. Hills, 465 Fifth Avenue. Competitive examination will be held in April.

—Parke, Davis & Co. have succeeded in removing the ferment from cascara, which at times produced griping and nausea, and now furnish this excellent laxative free from unpleasant taste and followed by no unpleasant symptoms.

—Dr. Redard has communicated to the Paris Academy of Medicine some observations regarding the advantage of the skin of birds for grafts on wounds of human beings. He takes the skin from beneath the wing of a chicken, carefully securing the subjacent cellular tissue, but avoiding the adipose tissue. The transplanted pieces varied from a sixth to a third of an inch in size, and they were maintained in position by means of a little cotton wool and iodoform gauze. The results are said to be most excellent.

—To Gussenbauer is given the credit of having devised an artificial larynx, by means of which speech is possible after extirpation of the larynx. It possesses a metallic reed, which is placed in the air current, producing by its vibration a sound which is converted into articulate speech by the organs above, such as the lips and tongue.

—Castor-oil is said to be an infallible remedy for the stings of bees or other insects. It appears to counteract the poison and allay the pain as soon as applied.

—Spirits of turpentine, or, better yet, "Sanitas," will remove unpleasant odors from the hands when all other deodorants fail.

—Boracic acid soap is said to be an infallible remedy for dandruff.

—A citizen of Iona, Mich., while standing with wet rubbers on an iron doorstep, suddenly lost the power of walking. He nearly fainted with terror, thinking he was paralyzed. Upon discovering that his rubbers were frozen to the doorstep he felt better.

—England's leading woman doctor is said to be Mrs. Garrett Anderson, who has a practice worth 50,000 dollars per year.

—Petresco places *bryonia alba* at the head of the hemostatics. He gives 25 to 30 grammes of the root internally, in infusion, for metrorragia, or in the form of an extract, in the dose of one and a half to three grammes.

—Dr. Keyser, of Philadelphia, considers the new antiseptic, sodium silico-fluoride, as the best in treating the eye. He uses it in cataract operations, and in gonorrheal ophthalmia, instead of boric acid, and finds it much more rapid and certain in its action. The solution used is gr. ½ to ℥ viii.

—Opium smoking seems to be one of the dissipations indulged in by a few Harvard students. One of these opium smokers was recently found dead after smoking a pipe, and is supposed to have died of opium narcosis.

—Dr. Wylie reports in the *Lancet* the birth of a healthy male child by a woman of twenty-one years of age, the mother being absolutely without mammary glands "or trace of anything at all resembling them."

—A writer in the *Popular Science Monthly* states that among the Parsees of India baldness is unknown, although they are obliged by a religious law to keep their heads constantly covered, wearing a tall tightly fitting felt hat out of doors, and at home a skull cap.

—*The Doctor* remarks concerning the proposed sign, ⊳, to indicate a dram, that it "has been chosen with much perspicacity. It is the figure formed by the arm, together with an imaginary line drawn from the mouth to the shoulder, during the operation technically termed 'crooking the elbow' Could any figure be more beautifully expressive?" For this reason, *The Doctor* gladly lifts up its voice in aid of the reform.

—Herbert Spencer says: "The first requisite to success in life is to be a good animal; and to be a nation of good animals is the first condition of national prosperity."

—Dr. Bidwell, of Leavenworth, Kansas, reports a healthy boy baby, the mother of which was only fourteen years of age, the grandmother twenty-eight, the great-grandmother being forty-nine. That family is apparently good for a couple more generations.

—A pause between one respiration and the next indicates a pharyngitis and differentiates it from croup.

XUM